

**REQUEST FOR PROPOSAL
TO CONTRACT AS A
MANAGED CARE ORGANIZATION
FOR THE DELIVERY OF
MANAGED LONG TERM CARE
IN SELECTED SERVICE AREAS**

Community Care of Central Wisconsin (CCCW)

Counties of Marathon, Portage, and Wood

2.1 PROPOSER INFORMATION (100 POINTS)

Section 2.1.1 ORGANIZATIONAL AUTHORITY TO ENTER INTO A RISK-BASED CONTRACT

Community Care of Central Wisconsin (CCCW) proposes to contract as a regional Managed Care Organization, and to enter into a risk-based contract with the State Department of Health and Family Services under the organizational authority granted in Section 66.0301 of the Wisconsin State Statutes.

Community Care of Central Wisconsin represents the counties of Marathon, Portage, and Wood, and has been created and authorized through an Intergovernmental Agreement approved in March 2007.

2.1.2 DESCRIPTION OF PROPOSER ORGANIZATION

Section 2.1.2.1 GOVERNANCE AND ORGANIZATIONAL STRUCTURE

Community Care of Central Wisconsin is an organization that will operate separately and distinctly from any of the three participating counties (Marathon, Portage, Wood). A copy of the Community Care of Central Wisconsin Intercounty Agreement is attached to this proposal as MLTC-CCCW-Attachment 2.1.2.1.a.

Community Care of Central Wisconsin will be governed by an Intercounty Agreement developed under the authority found in s.66.0301 of the Wisconsin State Statutes.

This Intercounty Agreement allowed for the formation of a nine member Board of Directors, whose membership is in compliance with current Family Care contract and statutory language.

The Community Care of Central Wisconsin Board of Directors is composed of three representatives from each participating county. Two of the three members of each respective county may be County Board Supervisors. The third member from each respective county shall be a consumer representative that reflects the Family Care target populations served.

The Intercounty Agreement clearly identifies all powers reserved to the CCCW Board that will enable it to appropriately fulfill all operating duties required to serve members across the three counties of Marathon, Portage, and Wood in an individualized, high quality, and cost effective manner.

The CCCW organizational chart appears as MLTC-CCCW-Attachment 2.1.2.1.b.

Section 2.1.2.2 CONTRACTUAL RELATIONSHIPS

Community Care of Central Wisconsin is set up through an Intergovernmental Agreement between the counties of Marathon, Portage, and Wood as an independent county-operated Managed Care Organization.

All revenue, expense, and reserve funds held by CCCW are separate and distinct from any other county financial account as per the Intergovernmental Agreement.

CCCW will operate and maintain its own independent Information Technology System; will do all service procurement and contracting on behalf of its membership through its own Provider Network Department; and will make all personnel decisions apart from county personnel protocols and policies held in Marathon, Portage, and Wood Counties to ensure CCCW keeps up with member capacity demands.

Community Care of Central Wisconsin does not have a parent organization or subsidiary located outside the State of Wisconsin.

SECTION 2.1.3 GOVERNING BOARD REQUIREMENTS

The Intergovernmental Agreement that established CCCW has specific language contained in it that concerns the establishment of a Governing Board and its membership make-up. Section 4.03 of this Agreement reads as follows:

“A. The Governing Body of each Member County shall initially designate three individuals as its Representatives to serve on the Board, of whom at least one person shall be a non-county board member who receives services from CCCW, is affiliated with or representative of individuals who receive services from CCCW or is eligible to receive services from CCCW. Each representative must be a resident of the Member County, and is selected by the governing body of the Member County pursuant to its normal procedures.”

The initial Community Care of Wisconsin Board of Directors has membership which meets the Wisconsin Statutory requirements for a Family Care governing board as established under s.46.284(6), Wisconsin State Statutes. Economic and ethnic diversity is met through the variety of working, retired, and program participant board members who make up the initial CCCW Board of Directors selection. More than one third of the Board membership are representative of the proposed enrollment of CCCW. The Inter-County Agreement assures that at least one-third of the CCCW Board membership will be citizen members who are representatives of the Family Care target population.

2.2 SCOPE OF PROPOSAL (100 POINTS)

Section 2.2.1 GEOGRAPHIC SERVICE AREA

Community Care of Central Wisconsin intends to serve eligible residents of the counties of Marathon, Portage, and Wood. The population of each county, according to the 2000 Wisconsin Census, is as follows:

Marathon:	125,834
Portage:	68,935
Wood:	75,555

Portage County currently serves 925 members through its operating Family Care program, Community Care of Portage County.

Marathon County currently provides Community Options Program and Home and Community Based Waiver services to 696 consumers who are likely to be eligible for Family Care. 320 Marathon County residents are on a waiting list for long-term care services. Wood County currently provides Community Options Program and Home and Community Based Waiver services to 466 consumers who are likely to be eligible for Family Care. 157 Wood County residents are on a waiting list for long-term care services.

The total number of individuals currently served through Family Care in Portage County; through the Community Options and Home and Community Based Waiver Programs in Marathon and Wood Counties; and who are waiting for long-term care services in the CCCW region totals 2,564. This number of current and potential enrollees exceeds the enrollment count, identified by state contracted actuaries, as needed by Managed Care Organizations to be fiscally sound.

Section 2.2.2 TARGET POPULATIONS

Community Care of Central Wisconsin proposes to serve each of the three Family Care target populations:

- Elderly
- Adults with physical disabilities
- Adults with developmental disabilities

It is the intention of Community Care of Central Wisconsin that effective on day one of expansion implementation, all three target populations will be served immediately and equally. No preference will be given to any one of the three Family Care subgroups listed above. Portage County currently serves all Family Care target populations as part of its operating Family Care program.

Section 2.2.3 MANAGED LONG-TERM CARE BENEFIT PACKAGE

Community Care of Central Wisconsin proposes to provide the complete benefit package available through the Family Care program to all members across Portage, Marathon, and Wood Counties. This includes those Family Care members already being served in Portage County, and those potential enrollees in Marathon and Wood Counties.

Section 2.2.4 OTHER SERVICES OR BENEFITS PROVIDED BY THE PROPOSER

As stated in the original Community Care of Central Wisconsin Planning Grant submitted to the State in December 2005, it is the intent of this regional Managed Care Organization to successfully implement and sustain Family Care in all three counties.

Community Care of Central Wisconsin will continue to study and consider the future opportunities available to its membership and the organization in the delivery of acute and primary health care services as part of a managed long-term care benefit.

2.3 ORGANIZATIONAL CAPACITY TO IMPLEMENT MANAGED LONG-TERM CARE (600 POINTS)

2.3.1 STABILITY AND PUBLIC ACCOUNTABILITY

Section 2.3.1.1 STABILITY

The formation of Community Care of Central Wisconsin began in early 2005, as Marathon, Portage, and Wood County Human Service agency administrators began discussing potential partnership ideas based on continuing evidence that the State of Wisconsin would soon be expanding managed long-term care programs statewide. This discussion transitioned into formal planning by these organizations as they responded to the September 2005 Request for Proposals let by the State to form regional partnerships to plan for managed long-term care expansion.

The result of this planning was the submission of an RFP and subsequent State award of a \$250,000 planning grant to Community Care of Central Wisconsin to form a regional Managed Care Organization delivering the Family Care benefit to eligible residents in the tri-county region.

County commitment to this process quickly grew beyond involvement and planning by just human service agency administrators. Six County Board Supervisors (two from each county) were appointed by their respective County Boards to formally join a Transition Planning Committee in March 2006. This Committee chose to pursue the development of Organizational Tenets and the creation of an Intergovernmental Agreement that would allow for the formation of a Community Care of Central Wisconsin Governing Board.

Organizational Tenets (see MLTC-CCCW-Attachment 2.3.1.1.) were created and a Mission Statement was written:

The mission of Community Care of Central Wisconsin will be to identify and meet participant outcomes by providing quality, individualized long-term care services to seniors and to adults with developmental and physical disabilities residing in the counties of Marathon, Portage, and Wood."

These tenets and mission statement were formally adopted by the Transition Planning Committee. In March 2007, each of the three County Boards of Marathon, Portage, and Wood unanimously:

- Approved the Intergovernmental Agreement developed by the Transition Planning Committee.
- Appointed a Governing Board that is compliant with statutory requirements for Family Care Managed Care Organization Governing Boards.
- Committed county resources to continue moving forward with the formation of CCCW.

This commitment continues to be evidenced by the tri-county endorsement to operate as a Managed Care Organization, the hiring of Project Management staff by CCCW to address implementation issues, and a time line being developed that will include the likely date of a County Board vote in all three counties to allow the CCCW Board to sign a managed long-term care contract with the State Department of Health and Family Services to operate as a managed long-term care organization.

CCCW has current experience providing long-term care services and coordinating health services. Each of the five partnering county organizations which are jointly planning for Family Care expansion have experience providing the following:

- Medical Assistance Home and Community Based Waiver services to adults and children with disabilities.
- Community Options Program services to adults and children with disabilities.

Support services to individuals suffering from Alzheimer's disease and other dementia have been provided by the Social Service Departments of Wood and Marathon Counties and by Community Care of Portage County.

Services to children with disabilities, including the Birth to Three and Family Support Programs, and Children's Long-Term Support Waivers, have been provided by the Unified Services Board of Wood County, North Central Community Services Program of Marathon County, Marathon County Department of Social Services, Wood County Unified and Social Services, and Portage County through the Health and Human Services Department.

Managed long-term care, including long-term care service provision and health care coordination, have been provided to Portage County residents eligible for Family Care since April 1, 2000, by Community Care of Portage County.

Finally, long-term care services funded through State Community Aids and local county tax levy dollars have been provided by all five partnering organizations since the 1970s (note that prior to 2000, CCPC was part of the Portage County Health and Human Services Department and was known as the "Division of Long-Term Care").

There was never any contract terminated among the five partnering organizations during any of these experiences delivering long-term care related services.

Community Care of Central Wisconsin can be depended upon to remain in business, to deliver a managed long-term care benefit to residents in the tri-county area for many years to come, and to provide services in an individualized, high quality, and cost effective manner. As noted in RFP Section 2.3.2.1, the partnering organizations that have come together to form CCCW have over 150 years cumulatively invested in the provision of long-term care services to the residents of Marathon, Portage, and Wood Counties. Each of the three County Boards in this tri-county region have chosen to commit past and current county tax levy dollars over and above what is required by State law to serve individuals needing long-term care. Extensive long-term care service systems have been developed in each county, and have been modified numerous times over the past 30 years to comply with new and different State directives concerning the delivery of long-term care. Hundreds of hours of staff and County Board time have been dedicated to planning for the development of this regional MCO since 2005, resulting in the unanimous approval for CCCW creation from each of the three County Boards in March 2007.

Finally, CCCW's partnering organizations have demonstrated significant collaboration and partnership with other entities, stakeholders, and long-term care delivery systems. This collaboration attests to our commitment to involve others in the delivery of long-term care to county residents.

This, in turn, leads to greater *long-term stability* through the support of the entire community. Examples of these partnerships include:

- Nine years of collaboration with the Portage County Aging and Disability Resource Center and Marathon County Aging and Disability Resource Center to plan for, market, and deliver a wide range of long-term care services.
- Collaboration with the Regional Division of Vocational Rehabilitation Offices in Wisconsin Rapids and Wausau to create an expanded community employment service system by all partnering agencies.
- Collaboration with the regional Social Security Office to set up financial management systems for individuals receiving Supplemental Security Income and Social Security Disability Income by Community Care of Portage County.
- Collaboration with local hospital systems to address health issues such as congestive heart failure, diabetes, and influenza by Community Care of Portage County through its formal Quality Improvement Projects.
- Collaboration with long-term care providers to develop service systems that meet consumer adequacy and capacity needs, while jointly determining rate setting methodologies that are beneficial to all partnering agencies.
- Partnering with local Long-Term Care Councils and Long-Term Support Committees to plan for new services, review existing service delivery systems, and solicit feedback from consumers, providers, other community members, and all partnering agencies.

Community Care of Central Wisconsin will be an organization that will successfully deliver the Family Care benefit for decades to come, and will be poised and ready to move forward in examining the inclusion of a fully integrated managed long-term care model.

Section 2.3.1.2 ACCOUNTABILITY

Community Care of Central Wisconsin will build upon the successful efforts of the five partnering organizations:

- Marathon County Department of Social Services (Marathon County DSS)
- North Central Community Services Program of Marathon County (NCCSP)
- Community Care of Portage County (CCPC)
- Wood County Department of Social Services (Wood County DSS)
- Wood County Unified Services

in making their individual organizations transparent, accountable, and responsive to persons directly receiving their services and the public at large. The following chart identifies each partnering organization and the experience they have had in addressing the organization or systems identified in this RFP section.

Name of Organization	ADRC	Local Long Term Care Council	Long Term Support Committee	Inter-active Website	Adult Protective Services	Coordination with School Systems	Coordination with MH/AODA System	Coordination with Vocational Systems	Coordination with Acute and Primary Health Care Systems
Marathon County DSS	Yes	Yes	----	Yes	Yes	Yes	Yes	Yes	Yes
NCCSP	Yes	Yes	----	----	Yes	Yes	Yes	Yes	Yes
CCPC	Yes	Yes	----	Yes	Yes	Yes	Yes	Yes	Yes
Wood County DSS	Yes	----	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Wood County Unified Services	Yes	----	Yes	----	Yes	Yes	Yes	Yes	Yes

Aging and Disability Resource Centers serve all three counties that make up the CCCW service area. As a result, all long-term care staff of the partnering organizations are familiar and have worked with Aging and Disability Resource Centers. As a Family Care Managed Care Organization, Community Care of Portage County has had written agreements with the Portage County ADRC that has spelled out specific roles and responsibilities of each respective organization in a variety of service areas. These agreements and resulting work between these two organizations have been communicated to the respective Governing Boards since calendar year 2000.

The Portage County Local Long-Term Care Council has been active since 2000 due to the implementation of Family Care, and meets on a quarterly basis. Meeting agendas are developed jointly between the ADRC and Managed Care Organization directors. Information is delivered to these Boards by staff of both organizations on a regular basis.

Both Wood and Marathon Counties continue to have active Long-Term Support Committees or Local Long-Term Care Councils overseeing the operations of the Community Options Program (COP). Staff from all four Marathon and Wood County partnering organizations regularly report COP and

Home and Community Based Waiver service information to their respective Long-Term Support Committees/Councils.

Community Care of Portage County has had an interactive website since 2003. Designed and developed by CCPC staff, this website has been available to members and the public at large for information and feedback purposes.

Community Care of Central Wisconsin has created an interactive website through a joint effort between the CCCW Project Coordinator and a web design class at the University of Wisconsin - Stevens Point. This site has just begun operation in June 2007. Its web address is communitycareofcentralwisconsin.org.

All five partnering organizations interact with their respective Counties' Adult Protective Services (APS) systems, either through an informal or formal agreement, or actually operate the Adult Protective Services system in their county. CCCW will model its agreement with local APS systems after the successful agreement developed by CCPC, the Portage County ADRC, and the Portage County Health and Human Services Department which has lead APS responsibilities in Portage County.

Each of the five partnering organizations have planned and collaborated with county school systems in different ways. The end goal in each county has been the same: to inform students with disabilities and their parents about adult services; anticipating student needs and planning accordingly for a provider network; and to create a seamless transition from school to adult community services for eligible students and their families.

The five partnering organizations have experience collaborating with or operating mental health and alcohol and other drug abuse systems. North Central Community Services Program and Wood County Unified Services both have long and successful histories of operating both inpatient and outpatient mental health and alcohol and other drug abuse services. Community Care of Portage County, Marathon County Department of Social Services, and Wood County Department of Social Services all have significant experience working with their county's mental health and AODA systems to provide behavioral health options for their clients and members.

County-based employment services are a primary contract target of all three participating counties, and are available through North Central Community Services Program (Wausau), Opportunity Development Center (Wisconsin Rapids, Marshfield, and Stevens Point), and Community Industries Corporation (Stevens Point). All three vocational systems in this region have participated in the planning process for CCCW, with this participation occurring in 2006 through provider trainings developed by the Education Work Group of the CCCW Transition Planning Committee.

Collaboration with acute and primary health care systems have been accomplished by all five partnering organizations at various levels appropriate to their current agency roles. CCPC has, through its Family Care Quality Improvement and Pay for Performance projects, worked closely with the Ministry Health Care system to address diabetes, congestive heart failure, and influenza/pneumonia vaccine assurance. The work of the CCPC Interdisciplinary Teams (which include a registered nurse on each team) has led to fewer emergency room visits, more consistent general physician use, and has reduced institutional days for its elder members. This work has

required collaboration between the registered nurse care managers, a variety of health care systems, and points of contact within those systems including: oncology, wound care, diabetes management, pain management, etc. This experience will provide a foundation upon which CCCW will build across the tri-county region.

All five partnering organizations have demonstrated a commitment to the relocation of individuals residing in mental health, developmental disability, or elder institutional facilities. CCCW will be building upon these successes and the experience of county staff in making community placements successful for individuals relocating from institutions. Evidence of this commitment includes:

- Wood County continues to successfully participate in the current State Relocation Initiative. 46 individuals have been relocated to the community through this program in Wood County.
- Marathon County continues to successfully participate in the current State Relocation Initiatives, having relocated 32 individuals.
- Wood County continues to downsize its publicly operated inpatient care units.
- All Portage and Marathon County Northern Center for the Developmentally Disabled residents have been relocated to the community.
- Community Care of Portage County continues to relocate residents residing in Intermediate Care Facilities for the Mentally Retarded. Five of the original 13 individuals identified as living in these Intermediate Care Facilities have been relocated through this initiative.

Finally, the Portage County Managed Care Organization has a written agreement with the Portage County ADRC to assure that individuals who are functionally eligible; at imminent risk of harm, hospitalization, or institutionalization; and whose financial eligibility is pending will be served. CCCW will model its agreement with both operating ADRCs in its tri-county service region after Portage County's agreement. This will ensure that pending financial eligibility does not prevent at-risk individuals from receiving needed services through the regional Managed Care Organization.

2.3.2 EXPERIENCE IN DELIVERY OF COMMUNITY-BASED LONG-TERM CARE SERVICES

Section 2.3.2.1 ORGANIZATIONAL EXPERTISE

Community Care of Central Wisconsin represents five organizations that are collaborating to create a regional Managed Care Organization. These five organizations cumulatively have over 150 years of experience in successfully assessing, care planning for, and delivering long-term care services that have resulted in thousands of Marathon, Portage, and Wood County residents achieving personal goals of living independently, fully participating in community life, and securing good health and personal safety.

CCCW will leverage this experience and the expertise gained in delivering long-term care services to create an organizational culture that will be responsive, accountable to, and supportive of individuals with long-term care needs. This organizational culture will enable people with long-term care needs to live independently and safely in their choice of community-based living arrangements.

The strength and experiences of each individual partnering organization are as follows:

MARATHON COUNTY DEPARTMENT OF SOCIAL SERVICES

- Provides leadership in meeting the goals of the current DHFS Community Relocation Project as evidenced by 32 individuals relocated to community settings.
- Broke new contractual ground by the implementation of quality standards and performance improvement plans in contracts with long-term care providers.
- Provides a wide range of Community Options and Home and Community Based Waiver long-term care services to elders and adults with physical disabilities.
- Has 13 fully trained long-term care managers providing service coordination for the long-term care populations served.
- Acts as the lead Community Options Program agency in Marathon County.
- Has demonstrated a strong working relationship with the Marathon County Aging and Disability Resource Center.
- Has demonstrated a strong working relationship with North Central Health Care Programs for people with developmental disabilities, mental health issues, and alcohol and other drug abuse challenges.
- Is responsible for delivering adult protective services for vulnerable elders and adults with physical disabilities in Marathon County.
- Is certified as a Medical Assistance Personal Care Provider, contracting with two FTE Registered Nurses to complete personal care activities.
- Operates Family Support, and Children's Long-Term Support for Children with Disabilities.

NORTH CENTRAL COMMUNITY SERVICES PROGRAM OF MARATHON COUNTY

- Has 35 years of responsibility for providing long-term support services to children and adults with mental health, substance abuse, and developmental disability challenges in Marathon,

- Lincoln, and Langlade Counties.
- Maintains a fully trained long-term care staff totaling 18 individuals, including social workers, registered nurses, and therapists.
- Directly provides a large array of long-term care services that allows its service recipients to live safely and independently in the community.
- Is certified as a Medical Assistance Personal Care Provider.
- Is responsible for delivering adult protective services to individuals who are mentally ill, substance abusers, or developmentally disabled.
- Operates a skilled nursing facility with license capacity for 320 individuals in Wausau.

COMMUNITY CARE OF PORTAGE COUNTY

- Has successfully operated a managed long-term care program (Family Care) in Portage County since April 2000.
- Has consistently scored high marks on member satisfaction in the Family Care program as evidenced through local satisfaction survey results completed by the Portage County Local Long-Term Care Council.
- Has successfully served over 1,500 individuals through Family Care since April 1, 2000.
- Has provided cost effective, high quality, managed long-term care services through the Family Care program while maintaining a sound business and information technology infrastructure, resulting in high consumer satisfaction and the creation of a \$3.5 million risk reserve.
- Successfully transitioned to Family Care from the Community Options and Home and Community Based Waiver programs for adults and children with disabilities operating since 1982.
- Was chosen to operate as one of eight original Community Options Program pilot sites in 1982 by the State of Wisconsin.
- Successfully competed for and implemented a Division of Vocational Rehabilitation Systems Change Grant, resulting in the complete transition of its sheltered employment program to a community based employment system.

WOOD COUNTY DEPARTMENT OF SOCIAL SERVICES

- Continues to successfully provide a comprehensive social services system for elders, adults with physical disabilities, and children with disabilities for over 35 years.
- Acts as the lead Community Options Program agency in Wood County.
- Maintains a strong working relationship with the Wood County Unified Board and Department on Aging.
- Is responsible for delivering adult protective services to Wood County residents.
- Is jointly delivering a Children's Long-Term Care Redesign Project with the Wood County Unified Services Department.
- Has had great success participating in the current DHFS community relocation project, as evidenced by 46 individuals relocated to community settings.

WOOD COUNTY UNIFIED SERVICES

- Has provided over 35 years of long-term care services to adults with developmental disabilities, mental illness, and substance abuse issues.

- Provides a wide array of care management and direct services to Wood County residents with disabilities, including Crisis Intervention, Prevocational, Residential, and Personal Care services.
- Has successfully served hundreds of individuals through its Home and Community Based Waiver programs, as evidenced by the high scoring of consumer satisfaction in the most recent Home and Community Based Waiver Review (2005) completed by The Management Group.
- Has relocated 19 individuals from the State Developmental Disability Centers, including 15 since July 1997.
- Operates the Birth-to-Three, Family Support, and Children's Long-Term Support Waiver Programs for children with disabilities.
- Is currently jointly piloting a Children's Long-Term Care Redesign Project with Wood County Department of Social Services.

CCCW will blend the demonstrated expertise, skills, and experience of these five organizations to create a regional Managed Care Organization that will, through its county governance, be directly responsible and responsive to the individuals served.

The following chart identifies the expertise brought to CCCW by its five organizations:

CCCW EXPERTISE AND RESOURCES

Organization Name	Date of Origin	Number of Dedicated Adult Long Term Care Employees	Comprehensive Assessment Expertise	Member Centered Planning Expertise	Long-Term Care Functional Screen Experience	Self-Directed Supports Availability	Working Relationship with ADRC	Managed Long-Term Care Experience
Marathon County DSS	11/1933	12	Yes	Yes	Yes	Yes	Yes	----
North Central Community Services Program of Marathon County	1971	17.42	Yes	Yes	Yes	----	Yes	----
CCPC	4/2000	60	Yes	Yes	Yes	Yes	Yes	Yes, 7+ years
Wood County DSS	1965	14	Yes	Yes	Yes	----	Yes	----
Wood County Unified Services	1974	15	Yes	Yes	Yes	----	Yes	----

Finally, Community Care of Central Wisconsin will be formed based on the managed long-term care strengths, skills, and expertise developed by Community Care of Portage County since 2000. CCPC staff will work jointly and collaboratively with Marathon and Wood County staff to train Interdisciplinary Team staff in the Family Care concepts of choice, outcomes, cost effectiveness, Resource Allocation Decision methodology, and working as an Interdisciplinary Team. Clinical training will be coupled with business and information technology training that will allow Marathon and

Wood long-term care managers to successfully integrate all organizational functions to provide CCCW members with individualized, high quality, and cost effective services through a member centered process that clearly identifies and works to meet and support individual outcomes.

Section 2.3.2.2 ORGANIZATIONAL EXPERIENCE IN INDIVIDUALIZING SERVICES IN MANAGED CARE

Community Care of Central Wisconsin has demonstrated experience and expertise to deliver quality and cost effective person-centered services that will meet and support identified outcomes of existing and potential Family Care enrollees in the counties of Marathon, Portage, and Wood.

CCCW brings together the experience of Marathon and Wood Counties in their long-standing and successful delivery of long-term care services under the Medical Assistance Home and Community Based Waiver and Community Option Programs, and the expertise developed by Community Care of Portage County in meeting identified individual outcomes through the delivery of high quality, person-centered services through the Family Care program.

Portage County has successfully participated as one of five Family Care pilot sites since April 1, 2000. Prior to calendar year 2000, Portage County delivered long-term care services under the Home and Community Based Waiver and Community Option Programs. Portage County staff have experienced the transition from the Medical Assistance Fee for Service system to a Managed Long-Term Care system, and have seen its membership increase from 220 members (April 1, 2000) to the current Portage County Family Care enrollment of 940 members. This transitional experience will prove to be invaluable to CCCW, as Community Care of Portage County is working collaboratively with Marathon and Wood County staff to move their county residents into a managed long-term care system, too.

Specifically, Community Care of Portage County has developed expertise through a skilled and trained workforce in delivering person-centered services under a managed care contract as evidenced by the following:

- Developing member centered plans under the Family Care contract since original MCO certification in calendar year 2000 for over 1,230 CCPC members.
- Providing high quality, individualized services to a membership whose numbers have more than tripled since 2000. The final 2006 MetaStar Annual Quality Site Review report noted that *“CCPC Interdisciplinary Teams are focused on arranging services that meet members’ outcomes; that Interdisciplinary Teams balanced services available within the Family Care benefit package with members’ preferences; and that Interdisciplinary Teams ensure that the decision making process is focused on a member’s personal outcome, with member discussions occurring on options available prior to approving or denying a member’s request for services.”* CCPC places an emphasis on quality throughout the organization, including activities such as internal file reviews, reports on quality activities provided to MCO staff and the Governing Board, and process improvement opportunities in the assessment and care plan development areas.
- Developing a strong, collaborative relationship with the Portage County Aging and Disability Resource Center. This relationship has enhanced the enrollment process by allowing the sharing of background information to strengthen the development of the member centered plan. This practice also allows for the assignment of Interdisciplinary Teams when warranted before member enrollment (e.g., during transitions from children’s long-term care programs to Family Care or from institutional placements back into the community).

- Creating an understandable and easy-to-read member handbook that has been certified by the State Department of Health and Family Services as meeting all Family Care requirements. This handbook has undergone continuous review and revision by CCPC staff and stakeholders since 2000.
- Creating a state certified comprehensive long-term care assessment tool that allows CCPC to gather, maintain, and modify all needs, outcomes, and desires identified by new Family Care enrollees. This ensures that CCPC can meet and/or support members in achieving the results and outcomes they desire.
- Providing Interdisciplinary Team training that has focused on a consistent application of the Comprehensive Assessment, use of the Resource Allocation Decision (RAD) methodology, use of a member risk assessment tool, and assuring that the member is the center of planning in the delivery of high quality and cost effective member services.
- Developing an Information Technology System (LifeSpan) that has incorporated assessed member needs, strengths, outcomes, and preferences into the member centered plan. CCPC is the only one of the five Family Care MCOs to fully develop its own Information Technology System that addresses and integrates the clinical and business systems with member outcomes.
- Engaging members in designing and developing a Self-Directed Supports option through member participation in a Self-Directed Supports Workgroup that originated in 2000 and continues to meet today.
- Developing and implementing a Self-Directed Support option that has been consistently selected by 15 to 17% of all CCPC members since it was offered in 2000. This percentage of members using Self-Directed Supports in Portage County has consistently ranked at or near the top of the five pilot Family Care sites for member participation since it was made available.

Evidence that this expertise has resulted in high quality, cost effective services for CCPC members includes:

- *Council on Quality and Leadership* interviews conducted through 2004 confirmed that CCPC service planning put members at the center of this activity in determining where they wanted to live, feeling safe, participating in the life of the community, and in the 10 other personal outcomes measured by this process. These interviews found that 87% of CCPC members were satisfied with their services; that 94% of members felt they were treated fairly by CCPC; and that 96% felt that they were free from abuse and neglect.
- 2006 Quality Site Visit Report Summary Results commended the commitment of CCPC to member centeredness as evidenced by the information contained in the above noted 2006 MetaStar Annual Quality Site Review report. The recently completed 2007 MetaStar Annual Quality Site Review draft report stated that “*CCPC encourages a culture of compromise with its members,*” which leads to a care planning process that puts the member directly in the middle of planning for his/her own service package. As a result of this “*culture of compromise,*” Portage County has continued to exhibit the lowest percentage of member complaints that have escalated into a formal grievance process among the five Family Care sites.

Community Care of Central Wisconsin will continue to build upon the success and expertise shown by Marathon and Wood Counties in delivering the Community Options and Home and Community Based Waiver services, and by integrating the lessons learned through CCPC, Portage County’s

managed long-term care contract operating since April 2000. This combination of demonstrated success and expertise will support a strong, member-centered CCCW organization.

Section 2.3.2.3 ACQUIRING QUALIFIED INTERDISCIPLINARY CARE MANAGEMENT TEAM STAFF

Community Care of Central Wisconsin plans to obtain qualified clinical care management staff to deliver the managed long-term care benefit, through a three part process. This process will include:

PART ONE

1. *Strong consideration of the applications of all existing care managers providing long-term support service coordination to elders and adults with physical and/or developmental disabilities in Marathon and Wood Counties.* These staff currently provide long-term support service coordination through the Community Options and Home and Community Based Waiver programs to eligible county residents, and have developed specialized knowledge, expertise, and skills directly related to Family Care target populations. This includes full knowledge of local community resources and alternatives in their respective communities, local cultural competence, and an understanding of the conditions of these target populations related to aging and disabilities.

Service coordination staff employed by Community Care of Portage County provide managed long-term care management services to eligible Portage County residents participating in the Portage County Family Care Program. All current Community Care of Portage County staff will strongly be considered for employment by CCCW based on interest and application.

PART TWO

2. *Community recruitment of Interdisciplinary Team staff, including social work and registered nurse professionals, to become employed as qualified CCCW clinical care management staff.* CCCW will seek individuals experienced in the areas of care management and the long-term care population to be served by CCCW. CCCW clinical management staff will provide extensive orientation and training to new professional staff to assist them in developing the needed knowledge, expertise, and skills required to serve Family Care members.

It is the intent of the CCCW Board to ultimately create an MCO Human Resources Department to provide all personnel-related duties for the organization. In the short-term, CCCW may engage regional county human resource services to fulfill its obligation to recruit and hire staff that meet all contractual requirements of a Managed Care Organization.

PART THREE

3. *Training existing Marathon and Wood County long-term support care managers to operate in a managed care environment.* This training is currently being developed through the joint efforts of management staff employed by Community Care of Portage County and Marathon and Wood County Social Service and Disability Departments.

This same training developed for the existing long-term support care management staff will be modified to be used as training for all new Interdisciplinary Team staff hired through CCCW community requirement efforts.

CCCW intends to assign the coordination of new staff orientation and training responsibilities to an identified CCCW staff member experienced in staff training, in order to assure competence and consistency of newly hired staff throughout all levels of the organization.

CCCW anticipates that staff to member ratios for Interdisciplinary care management staff will be:

- Social Work Case Managers: 40 to 1
- Registered Nurse Case Managers: 60 to 1

These anticipated ratios are based on the seven years of managed long-term care experience CCPC has, and the changes in this ratio that they have made to meet the fluid requirements of Family Care over this period of time.

Section 2.3.2.4 INTERDISCIPLINARY CARE MANAGEMENT TEAM STAFF TRAINING

Community Care of Central Wisconsin is developing a five-step plan to assure care manager knowledge and competence in each of the areas listed in this RFP section. Our plan is as follows:

STEP 1:

This step involves the collaboration of CCPC care management supervisors and long-term care management supervisors of Marathon and Wood Counties in the development of a training plan for care management staff working in Marathon and Wood Counties and who are being introduced to a managed long-term care benefit through Family Care. This collaboration is being facilitated by CCCW Project Management staff. It will involve the following:

- A. Introduction of Family Care concepts and principles to Marathon/Wood County long-term care supervisors;
- B. Sharing of training provided in each of the three counties to current long-term care management staff; and
- C. Determining how and when existing care management staff will be trained prior to implementation of Family Care in their respective counties. A part of this discussion will involve considering a possible contract with Mary Faherty, former Care Management Organization Director from LaCrosse County, for the development of, and possible training with, a Family Care staff training curriculum that will cover all clinical aspects of Family Care, including outcome identification, person centered planning, use of Resource Allocation Decision (RAD) methodology, and how to effectively function as part of an Interdisciplinary Care Management Team.

Collaboration by this group of managers will occur through meetings scheduled every two weeks, starting on June 15, 2007. It is anticipated that these meetings will occur throughout the summer/early fall of 2007, and will result in an Interdisciplinary Team staff training process that will be ready for delivery by the fourth quarter of 2007.

STEP 2:

This step involves an overview of Family Care concepts and processes presented to existing long-term care managers in Marathon and Wood Counties as a singular group. This overview process will occur during the fourth quarter of 2007, and will be presented together by long-term care management supervisors from each participating county.

STEP 3:

This step involves the detailed training of existing and newly hired long-term care managers working in Marathon County, beginning in January 2008. This training will be conducted jointly by CCPC care management supervisors, business staff, provider network staff, care management staff, Marathon County long-term care supervisory staff, and outside consultants (i.e., Mary Faherty) as determined through the process identified in Step 1. Wood County long-term care management staff will have the opportunity to participate in the Marathon County Interdisciplinary Team staff training process.

STEP 4:

This step involves the detailed training of existing long-term care managers working in Wood County, beginning in August/September 2008. This training will be conducted jointly by CCCW care management supervisors, CCCW business staff, CCCW provider network staff, CCCW care management staff, Wood County long-term care supervisory staff, and outside consultants (i.e., Mary Faherty) as determined through the process identified in Step 1.

STEP 5:

This step involves the ongoing training of new Interdisciplinary Team staff hired to provide care management services to residents of each of the three counties served by Community Care of Central Wisconsin - Marathon, Portage, and Wood.

Community Care of Central Wisconsin envisions its organizational structure to support a dedicated staff member who will have responsibility to assure that all new staff are trained in a consistent manner that will assure knowledge and competence in all areas of Family Care work. This CCCW employee will also be responsible for coordination of all ongoing staff development activities for Interdisciplinary Team staff.

Community Care of Portage County has used the training plan listed below for assuring Portage County Interdisciplinary Team (IDT) staff have the knowledge and developed competence in the areas identified in this RFP section. It will provide the basis for the development of a CCCW training plan for Interdisciplinary Team staff.

1. Identifying Outcomes:

- Require all staff to take DHFS on-line Outcome Training Program.
- Provide small IDT group discussion opportunities centered around concepts identified in Outcome Training Program.
- Provide individual training opportunities to meet with supervisors on an as needed basis.
- Provide tools to be used with members to aid in identifying individual outcomes.
- Facilitate peer group discussion (with supervisor support) of current member centered plans.
- Initiate member centered plan quality reviews.

2. Person-Centered Planning:
 - Support culture of member centered planning at all levels of MCO.
 - Reference DHFS web-based training as person-centered planning based on information.
 - Initiate member centered plan quality reviews to assess use of outcomes in person-centered planning.
 - Provide individual training opportunities for Interdisciplinary Care Management teams to meet with supervisor on an as needed basis.
 - Facilitate peer group discussion (with supervisor support) of current member centered plans.
 - Require written documentation of outcomes, supports, preferences, and needs on a consistent basis.
3. Resource Allocation Decision (RAD) Making Methodology:
 - Require all staff to reference State web-based training as baseline information.
 - Initiate member centered plan quality review by supervisor to assess use of RAD
 - Provide individual training opportunities to meet with supervisor on an as needed basis.
 - Facilitate peer group discussion (with supervisor support) of RAD.
 - Provide additional staff training on negotiation and conflict resolution.
4. Supporting Opportunities for Self-Direction and Self-Directed Supports:
 - Expect that Interdisciplinary Teams will offer Self-Directed Supports (SDS) at enrollment and at annual intervals.
 - Provide staff time/funding to attend State/local workgroups/workshops/conferences related to Self-Directed Supports.
 - Develop Managed Care Organization Self-Directed Support manual.
5. Functional Limitations and Service Needs of the Managed Long-Term Care Target Groups:
 - Develop and make available to all Interdisciplinary Teams an organizational risk assessment tool.
 - Identify and make available additional assessment tools to Interdisciplinary Teams (depression, dementia, etc.).
 - Provide staff time/funding to address training needs as identified by management or self.
6. Range and Availability of Community-Based Long-Term Care Services and Supports:
 - Identified referenced services and supports listed in the member handbook and Family Care benefit package.
 - Educate staff on the use of RAD for services and goods both in and out of the benefit package.
 - Assure the ability of Interdisciplinary Team staff to contact provider network staff to request development of contracts for any additional service supports needed by members.
 - Reference description of service/support groups in the CCPC Information Technology System.

7. Identifying and Dealing with Mental Health and Substance Abuse Among the Long-Term Care Target Groups:
 - Develop specific Interdisciplinary Teams with specialties related to mental health and substance abuse issues.
 - Assure Interdisciplinary Teams understanding of and collaboration with local community support and alcohol and other drug abuse services and supports.
 - Provide opportunities for trainings related to mental health/substance abuse.
8. How to Effectively Function as a Member of an Interdisciplinary Team:
 - Survey IDT staff to determine and identify expectations with regard to social work and registered nurse roles.
 - Develop written role expectation statement based on survey results, to be re-evaluated annually by all IDT staff.
 - Plan for annual IDT trainings on roles/responsibilities, appeals and grievances, member rights and responsibilities, and negotiation strategies and conflict resolution. These trainings will be developed based on feedback from IDT staff and management review.
 - Assignment of registered nurses to multiple social workers to allow for peer review, and to identify inconsistencies among IDT staff that can be used in developing future trainings.
 - Review care management policies/procedures on an annual basis by IDT management and staff to assure compliance with State standards and to keep all policies/procedures relevant to actual care management work performed.
9. Internal MCO Systems and Processes to Support Service Authorization and Care Planning:
 - CCPC business systems designed to complete all business and financial functions required of care manager. This allows social workers to provide social work and registered nurses to provide health coordination rather than be burdened with business functions such as coding member products or searching for best product pricing.
 - LifeSpan information technology system developed to support staff in assessing member strengths and weaknesses, identifying preferences, and developing member outcomes.
 - Local Resource Allocation Decision (RAD) process used to assure IDT consistency in authorizing services.
 - Feedback loop developed between Provider Network Manager and IDT staff to assure information flow, the ability of teams to identify adequacy and capacity concerns, and to monitor provider quality.

The training plan highlighted above will form the basis for developing an interdisciplinary staff training plan for CCCW. This plan will assure Interdisciplinary Team core competencies and knowledge of all aspects of the Family Care program necessary to provide high quality and cost effective member centered services throughout the life of CCCW.

2.3.3 ORGANIZATIONAL CAPACITY FOR MANAGED CARE

Section 2.3.3.1 ORGANIZATIONAL EXPERIENCE IN MANAGED CARE

The experience of Community Care of Central Wisconsin in the delivery of a managed long-term care benefit lies with the Portage County operation of Community Care of Portage County (CCPC). CCPC has delivered the Family Care benefit to over 1,500 eligible Portage County residents since April 1, 2000. It is the intention of CCCW to expand the availability of the Family Care benefit to eligible residents of Marathon and Wood Counties in 2008 by building upon the successful Portage County Family Care experience, and the extensive experience of Marathon and Wood Counties in operating fee for service long-term care programs. The response to this RFP section is based primarily on the experience of Community Care of Portage County and its operation of Family Care in Portage County since 2000. Lessons learned and models developed through Portage County's Family Care experience will be applied to the greatest extent possible in expanding Family Care to Marathon and Wood Counties.

Strategic Planning:

Community Care of Central Wisconsin intends to build upon the strategic planning process initiated by Community Care of Portage County in 2004 by engaging the services of University of Wisconsin Extension staff in delivering a strategic planning initiative for CCCW. This process would include:

1. Identification and inclusion of stakeholders in strategic planning process.
2. Review of the mission of Community Care of Central Wisconsin, including organizational tenets.
3. Completion of a SWOT (Strengths, Weakness, Opportunities, Threats) analysis.
4. Identification of key strategic issues.
5. Development of strategies to address identified strategic issues.
6. Development of plan for strategic planning implementation.

Community Care of Portage County undertook a formal strategic planning process in April 2004 in order to establish a strategic plan for the organization. Community Care of Portage County engaged the strategic planning services of Mr. Mark Hilliker, UW-Extension agent for Portage County, to complete the project. Mr. Hilliker is completing his Ph.D. dissertation with research in the area of strategic planning and facilitation. A CCPC Strategic Planning Initiative Summary Report was developed by Mr. Hilliker and distributed to all staff and strategic planning participating stakeholders in July 2005. Recognizing the importance of on-going strategic thinking and planning, CCPC has called Mr. Hilliker back each of the past two years to facilitate a review of progress made by CCPC in advancing on identified strategic issues.

Five key strategic issues were identified by CCPC strategic planning participants in 2004. They were, in order of identified priority:

1. How can we improve our operational processes and procedures?
2. How can we assess quality in meeting the needs and outcomes of current and prospective members?

3. How can we improve communication both internally and externally?
4. How can we improve our working environment?
5. How can we assure the financial viability of CCPC in the future?

The strategic planning process advised by Mr. Hilliker and used by CCPC included:

1. Review of organizational mission.
2. Identification of key stakeholders.
3. Assessment of organizational needs (SWOT analysis).
4. Development of five key strategic issues.
5. Development of a set of strategies to address key strategic issues.
6. Development of a plan for implementation.
7. Review of strategic planning implementation in both 2005 and 2006.

A set of actions to address each of the above listed strategic issues were identified, with a time line developed for each strategy that noted individual staff responsibilities for each action item.

Information/Knowledge Management:

Community Care of Portage County has developed and currently uses an Information Technology System (LifeSpan) that addresses the needs of both a business operation and a clinical care management system operating the Family Care program. CCCW will have LifeSpan assessed for adequacy and capacity by an Information Technology consultant prior to CCCW start-up to assess its capability to operate in a Regional Managed Care environment.

The Business System component of LifeSpan is designed to establish full accruals for all business functions. The business programs listed below generate appropriate general ledger entries, assuring appropriate financial system connections.

- The Client Master File is the core component of the business system. This file includes all demographic, enrollment, and financial data. All other business programs are tied into this file.
- The Member Capitation Program creates accounts receivables and deferred revenues at the beginning of each month. This program posts receipts of capitation received from Electronic Data Systems (EDS) and recognizes revenues or payables at month end for actual member days encountered.
- The Accounts Receivable Program generates bills and creates full accounting for Cost Share, Room and Board, and Private Pay activities. This program allows for adjustments to both amounts that are billable and amounts receipted.
- The Claims Program accomplishes several business functions. Using information integrated from the Clinical System, claims staff create an Individual Service Plan which then produces written authorizations mailed to providers. Claims received from providers are entered and edited against authorizations, and paid or rejected according to edits. At month end, IBNR (Incurred But Not Recorded) transactions are recorded in a summary report which creates "gross" potential liabilities for CCPC.
- A Time and Expense Program allows staff to record their time and travel expenses. The time section of this program allows entry of member activity, and both member and staff time. This information processes through for payroll, allowing time entries to record 100% of staff

activities. These entries are posted to the Claims System, and then reported in a monthly State Encounter Reporting System. The Expense Program records staff travel and expenses to be reimbursed to staff.

- The Encounter File is created and submitted on a monthly basis electronically to the State.
- Report generating software (COGNOS) allows creation of hundreds of reports used by MCO management on a daily basis. All data elements in the Business System can be used for reporting purposes.

The Clinical System incorporates all contractual requirements to collect clinical data. It:

- Secures all demographic data from the business system.
- Provides care management staff with due dates for initial contact, initial Individual Service Plan, assessment and member centered care plan, and continued prompting for six month reviews and annual reassessment.
- Contains an Assessment that includes:
 - Activities of daily living.
 - Instrumental activities of daily living.
 - Physical health, nutrition, and safety.
 - Autonomy and self determination.
 - Communication.
 - Mental health.
 - Cognition.
 - Presence of advanced directives.
 - Substance abuse.
 - Presence of informal supports.
 - Social integration and community integration.
 - Preferred living situation.
 - Education and vocational activities.
 - Economic resources.
- Contains a Member Centered Plan that includes:
 - Types of residential settings.
 - Individual outcomes.
 - Member specific needs and personal preferences.
 - Coordination of services both in and outside of the Family Care benefit package.
 - Specific period of time covered by the member centered plan.
 - Party responsible for providing for and paying for each service, including informal supports.
 - Member rights and responsibilities.
- Identifies any service that member chooses to self direct.
- Identifies other supports, such as medical, pharmaceutical, educational, and legal.
- Captures data to support Prevention and Intervention for the Wellness Plan.
- Captures data to support Quality Improvement and Pay for Performance projects.
- Associates each service in the benefit package with contracted service providers for that specific service.
- Sends service authorization data to the business system.
- Integrates with our report-generating software (COGNOS) which allows creation of hundreds of reports for ongoing CCPC management use.

Plan for Control of Data:

CCPC data resides on a number of platforms, including Windows 2003 servers, Domino server on an ISERIES, and DB2 data on a second ISERIES. The member data is also replicated to portable laptop computers for IDT staff to manipulate while visiting with a member in his/her own home. Although a formal Data Governance Policy does not exist in Portage County, the quality is assured by editing the data input against pre-defined business rules.

Data is physically secured in the Portage County data center where access can be obtained by county Information Technology staff. Data is electronically secured by using Active Directory, and the ISERIES System Security. Off-site data on back-up tapes is also physically secured in fire-proof safes. Laptop data is secured by using Lotus Notes Authentication procedures.

User instruction manuals are written, maintained, and updated as the LifeSpan system evolves and changes. System documentation pertaining to data elements, data types, and its relationship to other databases is also maintained. Data Retention is governed by a Portage County Record Retention Policy that was approved by Portage County Board Resolution. Portage County also has passed a HIPAA Privacy and Security Policy Resolution, developed by the Portage County HIPAA Compliance Team.

Portage County engaged Contingency Planning Solutions Company of Appleton, Wisconsin, to help develop a Disaster Recovery Plan. The Disaster Recovery Plan for Information Technology includes a contract with Sungard Corporation for off-site data services in the case of a disaster. Portage County is currently in the process of building a second data center in a location five miles from the primary center. Data will be replaced to the secondary center, which can swap rolls with the primary center in the event of a disaster situation.

Budgeting and Projections:

The key components used by the CCPC MCO to complete budget preparations are listed below:

- Enrollments/Disenrollments are projected by target group and status level (comprehensive versus intermediates). Projections are based on current activity, annual trends, and new known enrollees (individuals with developmental disabilities turning 18). Monthly meetings coordinated with the ADRC Director help to identify enrollment trends.
- Per Member Per Month Service Costs are calculated using recent activity for target group and service category. These per member per month calculations are prepared and reviewed by MCO management throughout the year. An analysis of trends related to costs for utilization will identify any changes occurring, and be reflected in the preparation of the next year's budget. Anticipated provider increases are included in these calculations.
- Member Revenues, Cost Share, Room and Board, and Spend Down are calculated on a per member per month basis using the most recent activity occurring for each category. Significant changes from previous calculations are reviewed to identify trends and develop solutions to problems noted.
- Care Management Costs are calculated based on anticipated staff needs to meet projected enrollments. A staff to member ratio for social workers is 40:1, and nurse ratios are 60:1.

- Administrative Costs include personnel costs for all administrative and business functions. Administrative functions related to care management are identified as care management costs. Categories of costs include, but are not limited to, personnel, office operations, occupancy, insurance, depreciation, etc.

Managing Enrollment:

- On an annual basis, CCPC reviews the ADRC Access Plan before it is submitted for approval to the State. CCPC Administrative Staff meet bi-monthly with the ADRC Director to discuss pertinent or unique enrollment issues. CCPC Fiscal Staff meet quarterly with Economic Support Staff to discuss pertinent enrollment and/or financial issues for members.
- The ADRC sends member enrollment forms to CCPC as soon as a member has enrolled with a potential enrollment date listed. A CCPC Care Management Supervisor reviews information sent in preparation for Interdisciplinary Team assignment. The Interdisciplinary Team is then assigned based on expertise and availability.
- A process has been worked out between CCPC and ADRC to identify critical care needs identified either before enrollment or immediately upon enrollment. Prior to enrollment, the potential member can sign an "Urgent Services Agreement," agreeing to pay CCPC for any costs incurred if the member is deemed to be financially ineligible for Family Care. CCPC will provide needed cares if a person has been determined to be functionally eligible, is waiting for financial determination, and needs immediate service. When critical needs are identified upon enrollment, the ADRC contacts CCPC, who assigns an Interdisciplinary Team that begins to work with the member before actual enrollment. This assignment assures that cares can be put into place immediately upon enrollment.

Managing Enrollment and Capitation:

State generated monthly enrollment reports are reviewed for potential disenrollments or pended enrollments to assure organizational record accuracy. Upon receipt and posting of monthly capitation payments, any discrepancies between anticipated and actual payments are readily identified. All discrepancies are pursued immediately with the State Department of Health and Family Services. Corrections needed for MCO records are acted upon immediately.

Financial review dates are monitored by MCO fiscal staff. Appointments with Economic Support staff are verified. MCO staff contact members/guardians when appointments are not made or kept, or additional financial information is needed by Economic Support. CCPC Fiscal Staff has become the Authorized Representative for some members to assist in timely financial information being delivered to Economic Support.

CCPC has a written billing process shared with the MCO, ADRC, and Economic Support staff. Bills are generated around the 10th of each month and are reviewed for accuracy. If a "past due" bill is identified, MCO fiscal staff begin working with the Interdisciplinary Team to bring the account up to date. Contacts with members and/or guardians may include phone calls, letters, and home visits by MCO fiscal staff. Payment arrangements for the past due amount are developed if necessary. If no payment or arrangement for payment can be achieved, MCO fiscal staff notify Economic Support, Interdisciplinary Team, ADRC, and other MCO staff. The member is disenrolled if no payment is received by month's end. At the same time, ADRC staff will continue to attempt to contact the

member to provide information about consequences of the pending disenrollment. This is a concerted team effort between MCO fiscal staff, Interdisciplinary Team members, ADRC, and Economic Support staff to provide timely interventions to prevent disenrollment whenever possible.

Care Management and Care Planning:

Community Care of Portage County currently provides care management training to new employees through a combination of supervision and peer activities. On-going training of existing staff is scheduled on a quarterly basis, using both in-house and outside expertise. In addition, each IDT staff member has an annual training account to attend training(s) of his/her own choice.

Community Care of Central Wisconsin is currently developing a training program for Interdisciplinary Team staff. This training program will be based upon Managed Care Organization contractual requirements held with the State Department of Health and Family Services that relate to care management activities. This program will also be built upon managed long-term care training experienced by the five current county Family Care programs, including Community Care of Portage County.

The strategies and likely time frames for implementing this training program are as follows:

STRATEGY	TIMEFRAME
1. Initial planning session held between CCPC service coordination supervisors and Marathon and Wood County long-term support managers.	June 15, 2007
2. Ongoing long-term care supervisory planning meetings scheduled to develop training program.	Beginning June 15, 2007. Meetings to be held every two weeks until program is completed.
3. Develop training curriculum, considering components developed by outside consultant.	June through September 2007 June through October 2007
4. Implementation of IDT training.	October 2007 through March 2008

Service Authorization:

An extensive assessment process completed by the Interdisciplinary Team, which includes identification of outcomes, member preferences, and needs, creates a member centered care plan which identifies needed services to be paid for by the MCO. This member centered care plan is electronically delivered to MCO claims processing staff, who complete the Individual Service Plan (ISP). The ISP results in the production of written service authorizations which are then mailed to appropriate providers.

Utilization Management

As noted in the Service Authorization sub-section immediately above, CCPC Interdisciplinary Teams complete an extensive assessment process. This assessment process results in the creation of

member centered care plans that clearly identify appropriate benefits are in place based on individual member outcomes.

Member Grievance and Appeals Process:

Community Care of Central Wisconsin will model its Member Grievance and Appeal Process after the Grievance and Appeal Process employed by Community Care of Portage County since 2000. The process employed by CCPC has met all contractual requirements as determined by MetaStar, the State External Quality Review Organization, as evidenced in its written summary following the 2006 CCPC Annual Quality Site Visit Review. The State Department of Health and Family Services approved this process as part of its overall CCPC Policies and Procedures Manual approval for 2007.

The CCPC Grievance and Appeal Process includes:

- The appointment of a local Grievance and Appeal Committee, consisting of one member representing people with physical disabilities, two members representing elders, and one individual representing the developmentally disabled population. A health care professional is included on the Grievance and Appeal Committee when there is an issue that requires clinical expertise to appropriately respond to the member's presenting condition.
- Annual trainings are presented to the Grievance and Appeals Committee as required by MCO contract.
- Annual trainings are provided to CCPC provider agencies per their contractual obligations to report grievances and appeals submitted to their own individual organizations/agencies on behalf of CCPC members.
- The development of a specific chapter in the CCPC Member Handbook entitled "*What If I Am Not Happy?*"
- The use of a Notification of Denial, Reduction, Termination, Limitation, or Delay in Service form that includes information about appeal rights. This form has been approved by DHFS and provided to members whenever a request for service cannot or will not be granted within 14 days of the member making the request.
- The maintenance of a CCPC log that is maintained to verify that notices of denial, reduction, termination, limitations, or delays are given appropriately. Trends are analyzed to determine whether additional training is needed or if new policy development is appropriate in this area.

Community Care of Portage County has developed a culture that is member centered and works toward compromise. Interdisciplinary Teams take the time to educate members about the service authorization process. Interdisciplinary Teams discuss denials, limitations, or reductions with the member prior to sending the CCPC Notification of Denial, Reduction, Termination, Limitation, or Delay in Service forms. Interdisciplinary Teams may include the CCPC Supervisors or the CCPC Member Advocate in the team when difficult or complicated service authorization decisions must be made. The Member Advocate may be involved in negotiating a compromise when a member expresses dissatisfaction or files an appeal or grievance. Many situations that start with a request to appeal are negotiated to the member's satisfaction before the appeal is scheduled. CCPC staff work together and with external advocacy agencies to meet member needs to the best of their satisfaction, and strive to work with members in partnership to avoid adversarial relationships.

CCCW will build upon this culture by employing internal member advocates in each of the counties served. This proposed Grievance and Appeal Process will ensure local response to local member issues on a timely and thorough basis.

Service Provision:

Community Care of Portage County has a comprehensive network of service providers necessary to deliver the managed long-term care benefit required by Family Care. This provider network has been established since April 2000, and continues to grow at a rate of about 12-15 new providers annually. The CCPC provider network has met State adequacy and network capacity certification requirements.

Provider network “*capacity*” is defined by the number of providers that are available through contracts with CCPC to provide the entire membership with services in each of the service categories in the Family Care benefit package. “*Adequacy*” is defined by the availability of contracted providers to accept referrals from CCPC to meet the needs of current membership, as well as to expand to meet the service demands of a growing membership.

Provider Network:

The CCPC provider network is managed and assessed to ensure that it effectively meets the service needs of current and future enrollees. This is accomplished by identifying the current service needs of existing members. CCPC relies on its Information Technology System, known as “LifeSpan” to provide the data necessary to identify service needs. LifeSpan includes an automated comprehensive assessment and member centered plan which electronically interfaces with the service summary and authorizations generated by CCPC business staff. Authorizations are then delivered to providers. The comprehensive assessment, member-centered plan, and service summary include data fields which are queriable using a reporting generating software, COGNOS. CCPC administrative staff, including the Provider Network Manager, access reports from the LifeSpan system at least quarterly to review services that are authorized and/or identified as necessary to meet member needs and outcomes as identified by Interdisciplinary Team staff on the comprehensive assessment and member-centered plan. Utilization reports are generated using COGNOS to monitor current authorization and use of services by target group, units of service, and actual expenditures relative to authorizations.

The capacity of the local provider pool is assessed to determine if gaps in the network exist through a variety of informal and formal mechanisms, including:

- Feedback from Interdisciplinary Team staff, members, and guardians regarding availability of and access to needed services in the Family Care benefit package.
- Provider Network Manager direct contact at least monthly with primary providers, particularly residential providers, direct care providers (supportive home care, home health, etc.), and day programming providers to inquire about the provider’s current capability to meet authorized service levels, as well as the provider’s ability to accept new referrals. Providers are also contacted about expected capacity issues given the provider’s current staffing pool, and any program limitations that would prevent the provider from accepting future referrals from CCPC.

- Grievance and appeal data related to an enrollee's utilization of and satisfaction with services and providers.
- Business plan projections regarding anticipated enrollments by target group and current utilization of services.
- Monitoring of existing utilization service data by target group, units of service, geographic location of membership related to location of provider agencies, actual expenditures by service type, and trends in authorization by service, provider, and target group.

Additionally, CCPC conducts an annual formal "assessment of provider network capacity and adequacy." The finding of this assessment are included in a report that is shared with the CCPC Governing Committee and Local Long-Term Care Council. This report includes geographic consideration for the spread of CCPC members within Portage County relative to the location of provider agencies. The majority of CCPC members (approximately 85%) reside in the Stevens Point and Plover metropolitan area. Likewise, the majority of provider agencies are located and service this urban area. Consideration is given to the availability of specific service areas such as transportation and in-home direct care services for the percentage of members who reside in outlying, rural areas of the county. The report also includes a combination of service utilization data by service type and target group, along with enrollment projections for the top five service categories by expenditure and utilization. This data is paired with enrollment projects as identified in the CCPC business plan. This assessment provides a gap analysis of the existing network, and is useful in making predictions about areas within the network that will need to be expanded or developed, given the expected growth in enrollments and current providers' ability to accept referrals to meet increasing membership needs.

CCPC, on an annual basis, conducts a Provider Meeting to review contract issues; operational concerns; provide training in the areas of Family Care philosophy, concepts, protocols, and procedures; answer any and all questions related to CCPC or Family Care in general.

An adequate provider network is contingent upon the number of provider agencies available to meet the needs of CCPC members, as well as each provider's ability to recruit and retain a stable workforce. In initially developing and growing its provider network through calendar years 2000 through 2003, the CCPC Provider Network Manager convened a workgroup of local provider agency directors to meet regularly to discuss and share experiences, challenges, and strategies related to direct caregiver workforce issues. This workgroup was successful in aiding in the adequacy of the CCPC provider network as it brought an awareness of the growth in enrollments and the need for additional provider and service options to the forefront of local providers (most of whom who had been accustomed to working with limited referrals and waiting lists under the fee-for-service long-term care system operating prior to Family Care). Workgroup members gained an understanding of Family Care principles, including the need to accommodate authorized service levels in a timely manner in order to meet member outcomes. This knowledge assists providers in developing the workforce necessary to operate and grow under Family Care.

Provider pool capacity is also addressed through the availability of the Self-Directed Supports (SDS) option for members who choose to hire their own staff and direct their own services. CCPC has developed options within its provider network for members who choose Self-Directed Supports. This includes establishment of contracts with organizations that facilitate and empower a member in achieving success with Self-Directed Supports. Such organizations include a fiscal intermediary

option for members who want to act as their own employer, co-employment agencies for those members who want to direct their own care plan, but who do not want the added responsibilities of caregiver recruitment, training, hiring, and supervision. Self-Directed Supports also provides the support of a culturally competent provider network by offering an option for members who for cultural reasons, may not want to access services through a formal provider agent.

Contract Management:

All providers in the CCPC provider network enter into a contractual relationship with CCPC on an annual basis. The contract template is approved each year by the Department of Health and Family Services and includes the requirements outlined in the Family Care Health and Community Supports Contract. All contracts also include at least one appendix that identifies the quality expectations of each provider agency. Providers are contractually required to educate their staff on the philosophy of Family Care. Often, the Provider Network Manager conducts this education with provider management staff as part of the initial contracting process. Provider management staff are then required by contract to impart the Family Care philosophy on direct care staff.

Each provider is required to complete the contract packet prior to entering into a contract with CCPC. Providers of services that are not licensed or certified are required to meet standards established by CCPC and approved by the Department of Health and Family Services. The Provider Network Manager is responsible for providing education to all new providers on Family Care in general; local business and provider relations practices and expectations of CCPC; specific operational details related to claims submission; provider claims appeal rights; contact information for questions/concerns; and rate negotiations and quality expectations for each provider in becoming part of the CCPC provider network. This information is also given to providers in written format through the *CCPC Provider Handbook*. All provider contracts are reviewed annually in January and are subject to suspension or termination with a written 30 day notice for performance issues, quality concerns/noncompliance, and/or revocation or suspension of certification or licensures. Providers are contractually required to provide the level of service authorized by CCPC Interdisciplinary Team staff in accordance to applicable state, federal, or local rules, regulations and standards. Providers are required by explicit contract language to notify CCPC if the provider experiences staff shortages or other contingencies which may preclude the provider from meeting its contractual obligations.

Provider Relations:

Community Care of Portage County recognizes that developing and maintaining a provider network that assures adequacy, capacity, and choices depends on the relationship that the Managed Care Organization has with its providers. CCPC has made a concerted effort to treat its providers as working partners. CCPC provided information and education to all of its providers as Family Care was initially implemented. Providers were updated on Family Care and the development of CCPC through provider meetings, newsletters, and individual meetings between providers and CCPC management staff. CCPC hosts a provider meeting annually for the purpose of providing information to providers on Family Care both at the state and local level. This enables providers to make a personal connection with CCPC staff to cultivate positive provider relations.

CCPC has implemented policies which support network provider efforts in developing the capacity to meet the demands of CCPC membership. That is, if CCPC identifies a gap in its network or a specific service or provider is needed to meet a unique member need, existing providers are given the first opportunity to fulfill this need. CCPC primarily looks outside of its network when current contracted providers are unable to provide the needed capacity. This practice gives providers the opportunity to expand their business, develop a new service niche, or enhance their workforce to support the needs of CCPC members. In turn, this provider development at the local level provides the general community with access to new or expanded services.

CCPC supports provider relations by fostering a relationship that values negotiation and joint resolution when issues arise. CCPC protects the health, safety, and well being of its members by contracting with high quality providers. CCPC is accountable for setting expectations of quality standards for providers and monitoring to ensure that providers meet these expectations. When issues arise related to a provider's performance or statement of deficiencies are found by state licensing staff, CCPC works with the provider on a corrective action plan to the extent requested or required by the provider. CCPC does have the contractual ability to suspend or withhold payment for provider non-performance or contract non-compliance issues. However, CCPC makes a good faith effort to work with the provider to make appropriate improvements or corrections before adverse action is taken. CCPC understands that it does not serve its members or the community at large to unnecessarily create adversarial relationships with providers. CCPC further treats its providers as partners by issuing payments on time; responding to provider inquiries or concerns in a personal, professional, and timely manner; and keeping its providers apprised of any changes within CCPC or Family Care that may affect a provider's contract. This includes annual changes in CCPC's capitated rate, which directly affect provider rates and programmatic changes within CCPC and the Family Care program, etc. CCPC also conducts an annual provider survey to gauge provider satisfaction in being included in the CCPC provider network.

Claims Processing:

Listed below are the activities associated with the current CCPC claims processing system:

- *Customer Service Function:* Claims processing, claims adjudication, and claims supervisor staff are available to respond to members, staff, and providers. The MCO has an email address for claims processing that can be accessed by either the supervisor or claims adjudicators. This email is checked every half hour, with necessary action taken to respond. Several CCPC providers do submit claims via this email.
- *Customized Check/EOB Printing:* CCPC prints and distributes payment checks weekly. Providers also may opt for direct deposit. All providers receive an EOB (Explanation of Benefits) that details claims and payments, and explanatory messages when necessary.
- *Member Communication:* Members have access to claims staff in the same manner identified in the first bullet above. Most member communications occur through the Interdisciplinary Team.
- *Reporting Requirements:* CCPC complies with State Encounter Reporting requirements. The CCPC Information Technology System is flexible and can accommodate changes needed for HIPAA or any other factors affecting reporting.

- *Quality Assurance/Audit:* The CCPC Financial Manager and Claims Supervisor regularly review items entered on the ISP. These items are usually related to a particular service or provider. The Annual Quality Site Visit performed by MetaStar reviews paid claims in comparison to care plans. Interdisciplinary Teams and their supervisors are provided quarterly reports by the fiscal section of member services and paid costs.
- *High Cost Claim Procedures:* High cost service authorizations are reviewed through the use of the Resource Allocation Decision (RAD) process. If the high cost service is not on the plan, Interdisciplinary Team staff are contacted regarding the authorization/payment of that particular claim.
- *Cost Containment Procedures:* Cost containment is primarily accomplished through the Interdisciplinary Team. The Interdisciplinary Team's objective is to authorize the most cost effective method to meet member outcomes. CCPC Purchasing Staff assist in containing costs by pursuing less costly alternatives for medical supplies and equipment through a variety of different vendors. CCPC maintains an internal inventory of commonly used supplies. These supplies are purchased below the Medical Assistance rate whenever possible.
- *Coordination of Benefits:* CCPC Fiscal Staff notify Claims Processing Staff whenever they receive knowledge of insurance information particular to a specific member. The information gathered assures that all claims covered by third party pay sources are paid by the appropriate source. Purchasing Staff review insurance information before ordering items that may be reimbursable through a third party.
- *Processes for Adjustments, Corrections, and Claims that Cannot be Adjudicated:* An adjustment program, complete with all required reporting elements for Encounter Reporting, is available to Claims Processing Staff. Adjustments, as well as paid claims, are reconciled to the CCPC general ledger to assure accurate financial information is maintained at all times.
- *Reconciliation with Service Authorizations:* No claim can be paid if it is not authorized by the Interdisciplinary Team or is over the amount authorized. A per member per month reconciliation and adjustment process is completed on a monthly basis. A service level reconciliation is completed at year-end.
- *Encounter Submissions, Tie-Outs:* Encounter Reports are submitted monthly as required. Before certifying the admission, both the claims submitted and cost share and room and board information are reconciled to the CCPC general ledger to assure accurate data transmission.
- *Provider Appeals:* CCPC uses a State approved written Provider Appeals Process. All appeals are submitted in writing to the CCPC Financial Manager by the provider. The provider also may submit this appeal to DHFS.

Financial Management and Reporting:

CCPC does, and CCCW will employ an FTE Chief Financial Officer with qualifications appropriate to meet financial job duties of a MCO. Listed below are activities associated with CCPC Financial Management Reporting responsibilities:

- *Accurate Recording, Timely Collection of Accounts Receivable:* The MCO utilizes methods described in the Managing Enrollment and Capitation Section above for recording, collecting, and monitoring all receivables; member obligations; and capitation.
- *Cost Allocation Process:* CCPC has a State approved process for allocating administrative costs. This process is submitted to and approved by the State each year along with the care management rate request. Cost centers used have been developed through the Family Care

- Fiscal Workgroup, and have been in use for approximately four years.
- Methodology for Analyzing Fiscal Risk:* A monthly financial report is prepared in a full disclosure financial reporting format. This report provides a profit and loss statement, a balance sheet, and a statement of cash flow. The per member per month revenues/costs are calculated and reviewed on a monthly basis. Any changes are then analyzed by service category and target group based on cost and utilization. All information and analysis generated is shared with Interdisciplinary Team supervisors and staff.
- Process to Identify Outliers:* CCPC employs the use of a business intelligence software, COGNOS, to develop regular ad hoc reports to review per member per month costs by member, target group, and service category. This report is used by care management supervisors to review high cost cases.
- IBNR (Incurred But Not Recorded) Methodology; Process to Monitor Accuracy and Reliability of Methodology:* IBNR is monitored at three different times throughout the year. A “lag” report is maintained to track accruals against actual claim payments by service categories. This report provides insight into activities and trends for the various service categories. CCPC uses a three-pronged approach at year-end to calculate IBNR. The “lag” report provides a percent of accruals paid in the following year for a category. A second methodology is to look at per member per month paid versus per member per month liability. The third approach looks at what has been paid by the time of closure. CCPC has used a combination of these methods for the past two years, which has resulted in estimations being within 5% of actual IBNR accruals.
- Maintenance of Solvency Protections:* The MCO maintains more than the minimum balance required for both working capital and restricted reserves. CCPC invested its first capitation payment in a Certificate of Deposit, and has made additional investments whenever cash flow has allowed. Interest earned over the last three years for CCPC has totaled just over \$500,000. This has resulted in solvency protection totaling over \$5,000,000.
- CCPC utilizes all LifeSpan Business System components described in the Information/Knowledge Management section earlier; Microsoft software such as Word, Excel, Access, and PowerPoint; and report generating software called COGNOS to manage, plan, and report.
- The accounting records of CCPC are maintained on a full-accrual basis. Receivables are established for capitation and member obligations each month. Capitation revenues are recognized when earned (month end). Member service costs are recorded monthly based on Interdisciplinary Team authorizations (liabilities), rather than on actual payments made. Monthly financial reports are adjusted for unpaid personnel or operating costs.
- Encounter reports, submitted monthly, are reconciled to the MCO General Ledger before certification.

Utilization Review:

Listed below are Utilization Review processes used by CCPC:

- Process to Review and Evaluate High Volume/High Risk Indicators, Etc.:* Regular monthly reports of member utilization (member numbers, units of service, and PMPM costs) and change in member utilization provide Interdisciplinary Teams and their supervisors information about where changes have occurred, and which areas to scrutinize. Interdisciplinary Teams and their supervisors are provided with quarterly detailed reports showing comparisons from

one quarter to the next of member and service category specific paid claims associated with them.

- *Regular bi-weekly Utilization Review Committee (URC) meetings* held to review all out-of-benefit service authorization requests. The URC is comprised of business, administration, and IDT staff. Requests are reviewed and suggestions made for other cost-effective ways of meeting described member outcomes associated with the request. All recommendations are shared with the entire CCPC IDT staff to provide information and encourage authorization consistency.
- *Process to Communicate Changes and Practice Patterns in Health Care Delivery:* Weekly CCPC administrative team meetings address changes, which are reflected in quarterly member specific and service category reports provided to Interdisciplinary Teams and their supervisors.
- *Process for Reconciliation and Reporting on Services Authorized Versus Services Used:* The CCPC reconciliation process for service authorizations is described in the IBNR methodology as described above.

Quality Management:

Community Care of Central Wisconsin proposes to create a separate and distinct Quality Management Department (see CCCW organizational chart - Section 2.1.2.1) that will be responsible for all organizational quality issues related to staff orientation and development, and to all care management activities, including Interdisciplinary Team work, Self-Directed Supports, member rights and responsibilities, and Pay-for-Performance projects. This Department will be supportive of and collaborative with efforts of the Director of Provider Network Services to assess the quality of provided and purchased services. Community Care of Portage County currently has a Provider Network Contract Quality Monitoring Plan which provides the framework for formally monitoring quality in all provider service areas. This Framework will be used to monitor performance, identify and prioritize problems, and determine effective resolution of these problem areas within the CCPC Provider Network.

CCPC has identified specific overall program quality indicators. Indicator data is summarized quarterly and is used to guide CCPC's performance improvement efforts. A similar list of Program Quality Indicators will be produced by CCCW within the initial first two years of transition from a fee for service to Family Care model in Marathon and Wood Counties. A review of current quality indicators collected by Portage County, and a plan for CCCW quality indicator collection in 2010 will occur during this initial implementation time period.

The 2006 CCPC Family Care CMO Annual Quality Review Report completed by MetaStar (State External Quality Review Organization) in September 2006, confirms that the decision of CCCW to base its quality management program on the successful Quality Assurance/Quality Improvement work plan of Community Care of Portage County will result in a regional Managed Care Organization quality management program that will address all quality expectations of the State of Wisconsin.

Section 2.3.3.2 ACQUIRING QUALIFIED BUSINESS MANAGEMENT STAFF

Community Care of Central Wisconsin has a plan to ensure it will have the appropriate qualified staff to manage and operate the business and quality management systems necessary for successful operation of a Managed Care Organization. This plan includes a mix of hiring staff to be employed by CCCW, and contracting for services with specific expertise.

Anticipated CCCW Staff:

EXECUTIVE AND SUPERVISORY STAFF TO SUPPORT THE CARE MANAGEMENT FUNCTION:

- Chief Executive Officer: Responsible for overall direction and operation of MCO.
- Human Resources Director: Responsible for all CCCW human resource activities.
- Chief Operating Officer: Responsible for oversight of all clinical operations of CCCW, including care management; quality assurance/improvement; and provider network management.
- Director of Clinical Services: Responsible for supervision of service coordination supervisors in all four CCCW office locations (Stevens Point, Wausau, Marshfield, Wisconsin Rapids); for supporting care management functions; and for delivery of Self-Directed Supports (SDS) option.
- Service Coordination Supervisors: Responsible for supervising the daily work of Interdisciplinary Teams in four CCCW office locations.

QUALITY MANAGEMENT:

- Director of Quality Management: Responsible for CCCW Quality Work Plan development; Quality Improvement Projects; Pay for Performance projects; internal member advocacy; complaint and grievance process; and overall care management quality initiatives, including coordination of Interdisciplinary Team staff training.

CLAIMS PROCESSING:

- Claims Processing Manager: Responsible for overseeing the work performed by claims adjudication and claims processing staff, and working with interdisciplinary staff and management to assure full integration of service authorization process.

INFORMATION MANAGEMENT:

- Information Technology Chief: Responsible for development, operation, and maintenance of existing and future Information Technology Systems to be used by CCCW. Responsible for supervising information technology programming and technical support staff throughout the CCCW region.

BUDGETING, ACCOUNTING, AND FINANCIAL MANAGEMENT:

- Chief Financial Officer: Responsible for overall fiscal operations of Community Care of Central Wisconsin. Supervision responsibilities include Office Manager; Claims Processing Manager; Accounting Manager; and Purchasing Manager.

- Office Manager: Responsible for office management support.
- Accounting Manager: Responsible for all accounting activities completed by CCCW, and supervision responsibilities for all accounting staff.
- Purchasing Manager: Responsible for the purchasing activities of all member goods/supplies; equipment repairs; and home modifications. Supervision responsibilities for purchasing agents located in CCCW office sites.

PROVIDER NETWORK MANAGEMENT:

- Director of Provider Network Services: Responsible for all activities associated with the contracting and delivery of residential and non-residential services to CCCW members. Supervision responsibilities include: Residential Services Manager and Non-Residential Services Manager.
- Residential Services Manager: Responsible for contractual activities associated with all member residential options (Adult Family Home; CBRF; RCAC; Nursing Homes), and supervision of Adult Family Home coordinators.
- Non-Residential Services Manager: Responsible for contractual activities associated with all member non-residential services included in the Family Care benefit package.

Anticipated Contracted Resources:

STRATEGIC PLANNING:

Community Care of Central Wisconsin intends to contract with University of Wisconsin-Extension staff to provide Strategic Planning facilitation. Community Care of Portage County has experience using UW-Extension's Mark Hilliker, a strategic planning expert currently finishing his dissertation research on strategic planning process and facilitation. Completed a successful 2005 Strategic Planning initiative with facilitation provided by Mr. Hilliker in 2005.

Section 2.3.3.3 PROVIDER NETWORK

Community Care of Central Wisconsin will build a comprehensive network of providers with the adequacy and capacity to deliver the managed long-term care benefit required by Family Care. *CCCW will do this by building on the current Community Care of Portage County Provider Network model that is certified by the State as meeting with adequacy and capacity standards.*

The initial CCCW organizational structure identified by the CCCW Board employs staff dedicated to an expanded Provider Network system that will have the capacity to deliver the managed long-term care benefit to CCCW membership identified in the initial CCCW business plan. Specifically, CCCW staff include a Director of Provider Network Services, Residential and Non-Residential Contract Managers, and Adult Family Home (3) Coordinators to be located in each respective county to ensure development and maintenance of a comprehensive provider network system.

The Plan for building this expanded Provider Network system includes the following actions:

- The Portage County Provider Network Manager met in 2007 with Marathon and Wood County staff responsible for negotiating and managing provider contracts to clearly identify the existing provider network in each county. This includes the names of current contracted providers; common providers held between the three counties; and current contractual rates.
- Contract management staff for each county will share information about respective provider systems, including:
 - How and when do rate negotiations occur? Are there specific rate setting methodologies in place for certain provider types in place?
 - What do subcontract templates include? Are there quality indicators present?
 - How are providers selected, monitored, and retained?
 - How are quality concerns about a provider addressed and is there a formal correction action process in place?
 - How are concerns from providers addressed?
 - How is the adequacy and capacity of the Provider Network assessed?
 - How are Waiver participants made aware of providers under contract with the county?
 - What is the county's relationship with BQA and local Adult Family Home State Certification staff? How does this relationship support the contracting process?
 - What is the current process for Adult Family Home certification and respite coordination?
 - How is participant feedback incorporated in the provider contracting process? How is participant choice in providers addressed?
- CCPC Provider Network Manager will share the following Family Care provider concepts and processes with current Marathon and Wood County staff:
 - Services in the Family Care benefit package versus Waiver services.
 - Need to identify local providers who can provide new services offered through Family Care.
 - Adequacy and capacity.

- Utilization review/management.
 - Quality monitoring components.
 - Reporting requirements (critical incident, complaints/grievance).
 - Formalizing a provider network directory and notification of Family Care members.
 - Addressing member choice relative to adequacy and capacity.
- CCPC Provider Network Manager and business staff will provide education to current Marathon and Wood County staff regarding business operations relative to the Provider Network, including:
 - Development of a computerized provider file with connection to the claims system.
 - Need to obtain specific demographic information for provider file.
 - Need to match contracted services and rates/units to Encounter System requirements.
 - Authorization process.
 - Billing procedures (i.e., adult family home voucher process).
 - Contracting for Medicaid services according to specific billing codes, as well as contracting with MA providers in and out of the formal provider network.
 - Community Care of Portage County and existing Marathon and Wood County staff will jointly develop a regional provider education plan that will be delivered by Community Care of Central Wisconsin provider network staff. This plan is anticipated to include:
 - Identification of an “expected” Provider Network for 2008.
 - Working on standardized rates and contract templates.
 - Drafting “CCCW Provider Handbook”.
 - Meeting with various provider groups (i.e., supportive home care; CBRFs; specialized transportation; etc.) to discuss contracting, authorization/billing process, etc.

This plan for building the Provider Network system for the CCCW region will identify specific county staff involvement; plan deliverables; and due dates for each deliverable as they are more fully developed. This plan will integrate the projected CCCW membership numbers identified in Section 2.3.3.5 (Business Plan) of this RFP, with services and corresponding numbers of providers expected to be necessary for each Family Care target population.

The methodology used to project network capacity needs incorporates the use of Excel and includes the following steps. It creates a need projection based on a three year history of service provision to Family Care membership by going through these steps for each of the three prior years. It breaks out the Family Care target population service usage in each of these three years.

- Step 1:** List total enrollment number (by target population).
- Step 2:** List service delivered.
- Step 3:** List number of members within each target group using service.
- Step 4:** Calculate percentage of members using identified service.
- Step 5:** Project future service needs by allowing Excel to perform a “Relational Trending” process.

CCCW will seek expertise, including evidence-based services for mental health and substance abuse

services for persons with cognitive disabilities, behavioral difficulties, and brain injuries to compliment its formal provider network. This type of expertise has been secured by Community Care of Portage County during its delivery of the managed long-term care benefit through the Family Care program. Examples of expertise secured by CCPC include:

- Dr. Amy Gervasio, licensed psychologist and expert in the use of evidence-based mental health services for persons with cognitive disabilities in vocational settings.
- Dietetic services providing expert consultation in the delivery of dietetic services to people with autism who experience behavioral difficulties.
- Evidenced-based mental health services for people with cognitive disabilities through the Portage County Mental Health Clinic.

CCCW will follow the current Portage County Provider Network model and provide all current Home and Community Based Waiver services as part of its benefit package, including supported and sheltered employment, adult day services, and daytime and overnight respite care through certified respite providers.

Consideration of geographic access factors will occur annually as CCCW will conduct a formal “*Assessment of Provider Network Capacity and Adequacy*.” This report will include geographic consideration for the spread of current and projected CCCW members within the tri-county region relative to the location of contracted provider agencies. This consideration, coupled with enrollment projections, results in a gap analysis of the existing providing network that is useful in making predictions about areas within the network that will need expansion. Community Care of Portage County has successfully used the same assessment to grow its Provider Network over the past five years.

Workforce needs related to availability of direct care workers will be addressed using the experience of CCPC in this area. CCPC convened a work group consisting of local provider agency directors to regularly meet and discuss/share experiences, challenges, and strategies related to direct caregiver workforce issues. The work of this group assisted CCPC in assuring adequacy in the Portage County Family Care Provider Network, and helped providers gain an understanding of Family Care principles and concepts which assisted them in developing a workforce necessary to operate and grow under Family Care.

Finally, CCCW will build upon the success of Community Care of Portage County in supporting and delivering a culturally competent workforce within the Self-Directed Supports Option. This success is indicated by 26 Hmong members who have chosen not to access services through a formal provider agency. Rather, CCPC has created a more culturally competent opportunity for them to choose from over 30 providers in the Self-Directed Supports Option who are Hmong individuals.

Section 2.3.3.4 SOLVENCY AND RISK

Based on the assumptions presented, and planned for in the Business Plan in section 2.3.3.5, Community Care of Central Wisconsin will have cash flow, solvency protections, and risk reserve as identified below.

CCCW Cash Flow Projection 2007-2011					
	Projected Year End 2007	Projected Year End 2008	Projected Year End 2009	Projected Year End 2010	Projected Year End 2011
Operating Activities					
Net Income per GL	1,247,002	1,000,030	1,510,762	1,674,023	1,881,997
Add: Depreciation	36,000	79,000	92,500	99,500	100,500
Add: Gain(loss) on sale LT assets					
(Increase) Decrease Accounts Receivable	25,540	(64,682)	(18,000)	(37,000)	(8,000)
(Increase) Decrease Inventory/Supplies	(2,198)	(10,000)	(5,000)	(10,000)	(15,000)
(Increase) Decrease Prepaid Expenses	0	(202,623)			
(Increase) Decrease Other Current Assets	(99,165)	(645,000)	(1,675,000)	(2,000,000)	(2,500,000)
Increase(Decrease) Notes Payable (within 1 yr)					
Increase(Decrease) Accounts Payable	30,620	(500)	5,285	(13,500)	11,000
Increase(Decrease) Wages Payable	15,000	1,898	5,000	200,000	15,000
Increase(Decrease) Interest Payable					
Increase(Decrease) Income Taxes Payable					
Increase(Decrease) Unearned Revenues	5,290	(4,952)	2,250	2,500	5,000
Increase(Decrease) Other Current Liabilities	167,404	1,900,000	2,250,000	800,000	1,000,000
Net Cash Provided by Operating Activities	1,425,493	2,053,171	2,167,797	715,523	490,497
Investing Activities					
Change in:					
Property Plant & Equipment	0	(232,000)	(46,000)	(69,525)	(41,000)
Long-Term Investments	(45,835)	(953,565)	(254,450)	(85,890)	(107,260)
Proceeds from Sale					
Net Cash used in Investing Activities	(45,835)	(1,185,565)	(300,450)	(155,415)	(148,260)
Financing Activities					
Loans Payable, > 1 year					
Deferred Income Taxes					
Other Financing Activities					
Net Cash used in Financing Activities	0	0	0	0	0
Net increase in cash and cash equivalents	1,379,658	867,606	1,867,347	560,108	342,237
Cash and Cash Equivalents Beg of Period	2,458,550	3,838,208	4,705,814	6,573,161	7,133,269
Cash and Cash Equivalents End of Period	3,838,208	4,705,814	6,573,161	7,133,269	7,475,506

CCCW Solvency Calculations

	Projected Year End 2007	Projected Year End 2008	Projected Year End 2009	Projected Year End 2010	Projected Year End 2011
Current Assets					
Cash and cash equivalents held by CMO	3,838,208	4,705,814	6,573,161	7,133,269	7,475,506
Short term/unrestricted investments	2,737,891	3,382,891	5,057,891	7,057,891	10,557,891
Capitation receivable	35,000	65,000	65,000	70,000	75,000
Cost share receivable	15,498	25,000	30,000	40,000	35,000
Room & Board receivable	25,000	45,000	50,000	65,000	70,000
Spend Down receivable	10,000	12,000	12,000	13,000	10,000
Prepaid providers (member service expenses)	347,377	550,000	550,000	550,000	550,000
Supply Inventory	10,000	20,000	25,000	35,000	50,000
Other Current assets	76,820	80,000	83,000	89,000	95,000
<i>Total Current Assets</i>	<i>7,095,794</i>	<i>8,885,705</i>	<i>12,446,052</i>	<i>15,053,160</i>	<i>18,918,397</i>
Liabilities					
<i>Short Term Liabilities</i>					
Capitation Payable	95,215	95,215	100,000	85,000	95,000
Deferred Capitation Revenue	15,202	10,250	12,500	15,000	20,000
Accrued Taxes & Benefits (current)	218,102	220,000	225,000	425,000	440,000
IBNR Member Services- current Year	2,350,000	4,250,000	6,500,000	7,300,000	8,300,000
IBNR Member Services -prior year					
Accounts Payable - Member Services-other					
Accounts Payable -Care Management					
Accounts Payable/accrued administrative expense	36,000	37,000	37,500	39,000	40,000
Income Taxes Payable					
Current Portion of Long Term Debt					
Other Current Liabilities					
<i>Total Short Term Liabilities</i>	<i>2,714,519</i>	<i>4,612,465</i>	<i>6,875,000</i>	<i>7,864,000</i>	<i>8,895,000</i>
Solvency Protection					
<u>Working Capital</u>					
Current Assets	7,095,794	8,885,705	12,446,052	15,053,160	18,918,397
Current Liabilities	2,714,519	4,612,465	6,875,000	7,864,000	8,895,000
Working Capital	4,381,275	4,273,240	5,571,052	7,189,160	10,023,397
Requirement	548,835	1,004,795	1,513,710	1,685,480	1,890,513
Excess/(shortage)	3,832,440	3,268,445	4,057,342	5,503,680	8,132,884
<u>Restricted Reserve</u>					
Current Restricted Reserve	1,098,835	1,552,400	1,806,850	1,892,740	2,000,000
Requirement	1,098,835	1,552,400	1,806,850	1,892,740	2,000,000
Excess/(shortage)	0	0	0	0	0
<u>Solvency Fund</u>					
Current Solvency Fund	250,000	750,000	750,000	750,000	750,000
Requirement	250,000	750,000	750,000	750,000	750,000
Excess/(shortage)	0	0	0	0	0

CCCW Projected Reserves					
Source	Projected Year End 2007	Projected Year End 2008	Projected Year End 2009	Projected Year End 2010	Projected Year End 2011
Community Care of Portage County Reserves	4,400,000				
Portage County Unrestricted Reserves	214,000				
Marathon County COP Reserves	250,000				
Wood County COP Reserves	100,000				
Operations		1,000,030	1,510,762	1,674,023	1,881,997
TOTAL	4,964,000	1,000,030	1,510,762	1,674,023	1,881,997
Year To Date	4,964,000	5,964,030	7,474,792	9,148,815	11,030,812
Minimal Requirement	1,897,670	3,307,195	4,070,560	4,328,220	4,640,513
Surplus(Shortfall)	3,066,330	2,656,835	3,404,232	4,820,595	6,390,299

Section 2.3.3.5 BUSINESS PLAN

The initial 48 month Community Care of Central Wisconsin Business Plan is proposed and presented in a format that is based upon the proven business planning success of Community Care of Portage County from 2000-2007 as an MCO which achieved financial stability within two years. This Business Plan was developed through the efforts of the CCPC Administrative Team and Governing Committee members. The consistent use of this format will assure the fiscal stability of Community Care of Central Wisconsin within two years of initial contract reward and beyond. This format includes the following primary financial calculations:

1. Enrollment project calculations (by target group for both comprehensive and intermediate membership).
2. Per member per month cost calculations (inclusion of all projected member service authorizations using Wisconsin Home and Community Based Waiver and Medical Assistance card cost data for Marathon and Wood Counties).
3. Organizational operating cost calculations (costs associated with organizational administration, business support, care management, and all other operations).
4. Revenue calculations (inclusion of cost share/room and board/member enrollment data).

The assumptions used in developing the CCCW Business Plan are as follows:

Enrollments/Disenrollments

- Marathon County will begin active enrollments April 1, 2008 and Wood County October 1, 2008.
- Eighty percent (80%) of all current Waiver participants pre-enrolled for first day of operation, remainder across six months.
- Net enrollments for first 24 months of operations will equal 1/24th of waiting list numbers.
- Applied Portage County's disenrollment ratios for years one, two, three and four.
- New enrollments equal disenrollments from previous month.
- Intermediate enrollees are assumed to be some non-Waiver persons who are currently receiving county services through Community Aids or County Tax Levy funding – based on some history from Portage County.
- Once waiting lists are transitioned, enrollments/disenrollments are based on Portage County history by target group.

Revenues

- The comprehensive capitation rate is calculated to produce a net income of approximately 2% of the capitation revenue.
- Non-MA comprehensives are only a minor number for Portage County through six months of 2009; none for Marathon or Wood County.
- The intermediate capitation rate is assumed to be the same as it is currently and has been for the last three years.
- The Per Member Per Month (PMPM) Cost Share, Room and Board, and Spend down are based on Portage County's current PMPM and is not adjusted for future years.

- Interest income for the cash account is planned at a flat amount for all four years due to uncertainty about banking vendor and interest rates.
- Private Pay case management revenues are planned at a flat rate, similar to an average for Portage County, again due to uncertainty of usage.
- Guardianship and Rep Payee fees are planned only for Portage County at this time.

Expenses

- Member services are calculated by target group, by service category for each county's participants. These costs are increased 1.25% for medical services and 2% for non-medical services each year of operation. No adjustment is made for potential changes in service plans or PMPM costs per service category.
- Existing care management staff from Marathon and Wood counties will be contracted for one year. All new staff during the first year and all staff thereafter are considered as internal staff (employees of CCCW). Supervisors and functional screen specialists will be internal staff on Day One.
- Internal care management costs consist of costs for care managers and supervisors, functional screen specialists, and some business staff who provide services formerly done by care managers.
- The caseload assumptions are the same as currently for CCPC; 40 for social workers and 60 for nurses.
- Call Time (for 24 hour on-call system) is planned fully within Portage County costs with an additional 12.5% of costs for each of the other counties as backup/support.
- All other care management costs, such as travel, phones, training, nursing supplies, etc. are planned relatively similar across all three counties.
- Administrative/business staffing are based on the organizational chart proposed. Most positions are planned for the entire of year 2008. Two business positions will be filled later in the year. The Administrative Assistant, three Claims Processors, and all the IT positions are projected to be filled by 2009.
- The Project Coordinator is planned for year 2008 only.
- The Internal Member Advocates are planned as contracted positions to maintain a somewhat external viewpoint.
- Indirect County Costs are planned for the first two years to allow for purchasing some services through transition.
- These plans assume all computer equipment will be purchased and depreciated by CCCW, even though care managers may be contracted.
- Internal increases for staff were assumed to be 2.5% for 2008. All internal increases for years after that are planned at 2%.

The eight Business Plan points identified in RFP Section 2.3.3.5 are addressed below in detail.

Point 1: Projected Enrollment by Target Group:

Year 2008 will be a "ramp-up" year for Marathon and Wood Counties. It is anticipated that Marathon County will begin active enrollments in Family Care on April 1, 2008, and Wood County will begin active enrollments on or around October 1, 2008.

The enrollment assumptions for 2008 start with 80% of current Waiver participants being pre-enrolled and eligible for Family Care services on Day One of Family Care operations in each respective county. In Marathon County, 174 elders, 76 individuals with physical disabilities, and 313 individuals with developmental disabilities will be enrolled by April 1, 2008. In Wood County, 140 elders, 39 individuals with physical disabilities, and 210 individuals with developmental disabilities will be enrolled in Family Care by October 1, 2008.

Monthly enrollments for each of the first 24 months following initial implementation will equal 1/24 of each county's wait list numbers. Current wait list numbers include 320 for Marathon County and 92 for Wood County. Individuals approaching the Central Wisconsin Aging and Disability Resource Center for enrollment during this 24 month period will be placed on a secondary waiting list. Individuals from the primary waiting list or new persons placed on the secondary waiting list may be enrolled whenever there is a disenrollment from CCCW of current enrollees.

Yearly disenrollment projections are based on disenrollment ratios CCPC experienced from 2000 through 2002.

By April (Marathon County) and October (Wood County) of year 2010, both Marathon and Wood County wait lists will be eliminated, if not sooner, based on disenrollments occurring, and open enrollments can then begin. Open enrollment number projections will again be based on CCPC's pattern for enrollment in the first two years of operation.

The table below shows a summary of the enrollment plans for years 2008-2011. Monthly detailed plans have been developed for CCCW. They are available upon request.

CCCW Enrollment Plan Summary

Year	2008			2009		2010		2011	
	Jan	Dec	Percent	Dec	Percent	Dec	Percent	Dec	Percent
Comprehensive									
Elderly	420	871	38.47%	1,011	39.35%	1,133	39.48%	1,264	39.39%
Physically Disabled	196	361	15.95%	460	17.91%	552	19.23%	640	19.94%
Developmentally Disabled	291	938	41.43%	988	38.46%	1,054	36.72%	1,142	35.59%
Total	907	2,170	95.85%	2,459	95.72%	2,739	95.44%	3,046	94.92%
Intermediate									
Elderly	8	15	0.66%	18	0.70%	23	0.80%	31	0.97%
Physically Disabled	35	60	2.65%	69	2.69%	79	2.75%	92	2.87%
Developmentally Disabled	6	19	0.84%	23	0.90%	29	1.01%	40	1.25%
Total	49	94	4.15%	110	4.28%	131	4.56%	163	5.08%
Total Enrollees	956	2,264		2,569		2,870		3,209	

Point 2: Anticipated Capitation Rate Required to Provide the Benefit Package Specified in Section 2.2.3:

The capitation rate calculation identified in each year of the Business Plan will cover all operational costs, less any identified operational revenues, plus a 2% risk margin.

The comprehensive capitation rate required by Community Care of Central Wisconsin in year 2008 is projected to be \$2,730 per member per month; \$2,682 per member per month in year 2009, \$2,680 per member per month in year 2010; and \$2,692 per member per month in year 2011.

CCCW anticipates a significant increase from the current rate allocated to Community Care of Portage County due to the increased percentage of developmentally disabled persons projected to be served in Marathon and Wood Counties. The current ratio of persons with developmental disabilities being served in CCPC is approximately 30% of the total membership. Both Marathon and Wood Counties have projected developmental disability ratios of over 50% in year 2008, 45% in year 2009, 42% in year 2010, and 40% in year 2011.

The rate calculated for intermediate status is projected for all plan years to be the same as it currently is in 2007 for Managed Care Organizations operating Family Care.

Point 3: Any Other Anticipated Revenue:

Anticipated non-capitation revenues will include, but are not limited to, member cost share; spend down; room and board; third party liability recoveries; interest income from cash accounts; stop-loss income recovery; in-home inventory supply revenues; and private pay collections.

Cost share, spend down, and room and board revenues are being projected at the same per member per month rate currently incurred by CCPC. There is currently very little cost share liability for Home and Community Based Waiver participants in either Marathon or Wood Counties. CCPC experienced a marked increase in this area within the first year of operations (2000). Marathon and Wood Counties currently do not have any spend down participants. Neither county currently collects room and board for participants in residential placements, leaving that activity to contracted providers. This proposed Business Plan includes the assumption that CCCW will pay providers for the full daily rate of care, and will collect all room and board costs from its members.

Third party liability and stop-loss income recoveries are not projected as part of this proposed Business Plan. Third party liability revenues have been very rare for CCPC to collect. Stop-loss insurance is a new process for CCPC in 2007, and therefore hard to project.

Cash account interest income will be projected at similar levels for all four years of the Business Plan proposed.

CCPC has maintained an internal inventory of commonly used medical supplies since 2000. This process has allowed CCPC to purchase certain items below the Medical Assistance rate; produce a claim to be recorded and paid against a member's care plan; and then reported to the Encounter System operated by the State of Wisconsin at the Medical Assistance rate. This has resulted in an internal process of recognizing revenue for the paid claims and costs for the supplies ordered, and a savings to CCPC of approximately \$50,000 annually.

Persons whose income makes them ineligible for Family Care may purchase care management on a "Private Pay" basis. Minimal monthly revenues will be projected in each county identified with the purchase of this service.

Finally, CCPC is currently acting as Representative Payee for selected members. Members may pay a monthly fee for this service. CCPC also provides annual guardianship accounting services for members and their guardians at a specific cost. These guardianship and representative payee services are currently not offered in Marathon and Wood Counties.

Point 4: Projected Staffing Costs for:

- *Management and Administrative Staff*
- *Interdisciplinary Team Staff to Serve Anticipated Growth in Enrollment*
- *Other Internal Staff*

Projected staffing costs for Administrative and Business personnel are based on positions included in the Organizational Chart (Section 2.1.2.1) included in this RFP response. A detailed personnel master file was created based on this organizational chart with total costs projected for each month of operation.

Other pertinent operating costs were calculated in this proposed Business Plan to include occupancy, stop-loss premiums, office expenses, auditing, depreciation, and insurance.

Occupancy is projected annually for the housing of all administrative and business staff of CCCW. Stop-loss premiums are based on CCPC's current costs. New staff equipment and office configurations are calculated as part of depreciation expenses, with equipment depreciated over four years and office configurations over 10 years. Administrative and business costs account for 6% of total costs for year 2008, 4.8% for 2009, 4.4% for 2010, and 4% for 2011.

The table below identifies each year's calculations of personnel and operating costs for Administrative/Business costs.

Administration/Business Costs

POSITION	Year 2008		Year 2009		Year 2010		Year 2011	
	FTE	S&F*	FTE	S&F*	FTE	S&F*	FTE	S&F*
CHIEF EXEC OFF	1	157,011	1	160,150	1	163,355	1	166,620
CHIEF OPER OFF	1	133,982	1	136,660	1	139,395	1	142,180
ADMIN ASST	1		1	56,020	1	57,140	1	58,283
HUM RES DIRECTOR	1	133,981	1	136,660	1	139,395	1	142,180
DIR CLINICAL SERV	1	116,358	1	118,685	1	121,060	1	123,480
SC SUPERVISORS	0.45	45,076	0.45	45,980	0.45	46,900	0.45	47,840
SCREENER SUPERVISOR	1	99,339	1	101,325	1	103,350	1	105,415
DIR OF PROV NET SRV	1	99,130	1	101,115	1	103,140	1	105,415
NON-RESIDENT SRV MGR	1	97,280	1	99,225	1	101,210	1	105,200
RESIDENTIAL SRV MGR	1	97,280	1	99,225	1	101,210	1	103,235
ADULT FAM HOME COOR	3	211,896	3	216,970	3	221,310	3	225,735
DIR OF QUALITY MGMT	1	114,599	1	116,890	1	119,230	1	121,615
ORG SUPPORT SPEC	1	87,130	1	88,875	1	90,650	1	92,465
CHIEF FINANCIAL OFF	1	136,535	1	139,265	1	142,050	1	144,890
ACCOUNTING MGR	1	85,959	1	87,680	1	89,435	1	91,225
ACCT SPEC/CAP	1	55,920	1	57,215	1	58,360	1	59,525
ACCT SPEC/CS RB	3.5	182,083	4	215,290	4	219,595	4	223,985

POSITION	Year 2008		Year 2009		Year 2010		Year 2011	
	FTE	S&F*	FTE	S&F*	FTE	S&F*	FTE	S&F*
ACCT.CLERK	1	52,276	1	53,500	1	54,570	1	55,660
CLAIMS MANAGER	1	77,633	1	79,185	1	80,770	1	82,385
CLAIMS ADJUDICATOR	3	164,766	3	168,595	3	171,965	3	175,405
CLAIMS PROCESSOR	9	441,026	12	601,925	12	613,965	12	626,245
INFORMATION SPEC	2	86,518	2	88,655	2	90,430	2	92,240
OFFICE MANAGER	1	81,158	1	82,780	1	84,435	1	86,125
WP SPECIALIST	1	52,276	1	53,500	1	54,570	1	55,660
RECEPTIONIST	1	50,184	1	52,150	1	53,195	1	54,260
OPTICAL IMAGER	3	127,485	3	130,565	3	133,175	3	135,840
ACCT CLERK	1	52,424	1	53,680	1	54,755	1	55,850
PURCHASING MANAGER	1	93,101	1	94,965	1	96,865	1	98,800
PURCHASING ASSIST	1	52,876	1	54,110	1	55,190	1	56,295
PURCHASING CLERK	3.5	178,806	4	209,070	4	213,250	4	217,515
CHIEF IS OFFICER	1		1	136,660	1	139,395	1	142,180
PROGRAMMER	2		2	161,220	2	164,445	2	167,735
PC TECHNICIAN	2		2	133,400	2	136,070	2	138,790
Sub-Total Salaries & Fringes		3,364,088		4,131,190		4,213,830		4,300,273
CONTRACTED PERSONNEL								
PROJECT COORDINATOR		38,524		0		0		0
INT MEMBER ADVOCATE	3	115,572		117,885		120,240		122,640
LIAISON		150		150		200		200
TOTAL PERSONNEL		3,518,334		4,249,225		4,334,270		4,423,113
STOP LOSS PREMIUMS		92,198		141,890		157,191		175,230
OPERATING COSTS		74,467		82,208		89,243		95,928
INDIRECT COSTS		714,400		460,858		405,850		414,200
TOTAL		4,399,399		4,934,181		4,986,554		5,108,471
Allocated to Care Management		1,141,000		1,016,382		994,466		1,016,728
TOTAL ADMINISTRATIVE		3,258,399		3,917,799		3,992,088		4,091,743

*Salary and Fringe

Interdisciplinary Team costs include calculations that have an average for each type of position (social worker and registered nurse) times the number of positions needed to serve projected enrollments. New social work positions are added when the average caseload is approximately 38, and new registered nurses are added when the average caseload is approximately 58. These numbers are based on the experience of CCPC in meeting care management needs of it's members since 2006. Included in these costs are on call time, screen specialist time, and Interdisciplinary Team supervisory time. In addition, certain business position costs that are related to fiscal duties formerly completed by care managers are included. See the table below for annual costs by position and cost categories.

Care Management Costs

POSITION	2008		2009		2010		2011	
	# Positions	Annual Cost	# Positions	Annual Cost	# Positions	Annual Cost	# Positions	Annual Cost
SUPERVISOR	9	773,865	9	866,340	11	957,304	11	1,101,650
NURSE	41	2,361,583	46	3,101,373	50	3,587,221	55	3,928,417
SOCIAL WORKER	32	1,826,194	71	4,104,814	78	5,080,337	88	5,791,500
SCREEN SPECIALISTS	5	224,611	8	494,034	8	562,520	8	573,760
CALL TIME		31,840		36,343		37,076		37,819
TOTAL PERSONNEL		5,218,093		8,602,904		10,224,458		11,433,146
BUSINESS COSTS		1,141,000		1,016,382		994,466		1,016,728
CONTRACTED PERSONNEL	32	908,166		288,318		0		0
OPERATING COSTS		288,032		436,731		496,932		552,230
TOTAL		7,555,291		10,344,335		11,715,856		13,002,104

Point 5: Projected Cost of Purchased Services and Supports:

Purchased services and supports include equipment, supplies, and services for members. These costs compose 80 to 83% of total operational costs in each of the four years proposed in this Business Plan. Costs are projected by calculating per member per month costs by service category for current Waiver participants based on 2006 and the first three months of 2007. These calculations are made for each county and the three target groups within each county.

Medical Assistance card costs were projected using data provided for State fiscal years 2003 through 2005. This data was trended forward based on Family Care trend factors supplied by DHFS for the same years.

The per member per month calculations for Marathon and Wood Counties for the elderly and developmentally disabled target populations are very similar to the current CCPC per member per month costs. The per member per month calculations for the physically disabled population are \$400 and \$600 higher for Marathon and Wood Counties respectively. Each year's Business Plan uses these initial calculations and contains yearly provider increases of 1.25% for medical and 2% for non-medical providers.

Detailed monthly calculations are available upon request.

Point 6: Projected Cost of Any Risk Sharing, Reinsurance, or Stop-Loss Insurance:

CCCW projects using the State stop-loss insurance for each year contained in the Business Plan proposal. The premium used in the Business Plan is the same premium currently paid by Community Care of Portage County in its operation of Family Care. Premiums potentially may be

lower when more members are enrolled. However, there may be other levels of insurance available in future years. Stop-loss costs are included in the administrative section of the Business Plan. Annual costs range from \$92,000 in year 2008 to \$175,000 for year 2011.

Point 7: The Source and Amount of Any Cash, Risk, or Solvency Reserves:

Each of the partnering counties will be contributing current reserves to Community Care of Central Wisconsin.

Portage County will be contributing to CCCW Family Care reserves of \$3.2 million, and additional reserves derived from 2007 operations which are anticipated to total approximately \$1.2 million. Marathon County anticipates contributing approximately \$250,000 from its Community Options Program (COP) reserve fund. Wood County projects contributing \$100,000 from its COP reserve. In addition, Portage County has approximately \$200,000 that it will be contributing from pre-Family Care operations that have been held in an unrestricted reserve account.

Ongoing sources of cash, risk, and solvency reserves are projected to come from CCCW operations on an annual basis. See Section 2.3.3.4 for yearly projections of cash flow, risk, and solvency.

Point 8: Cash Flow in Relation to Anticipated Revenues and Expenditures, Including Any Projected Costs of Building or Maintaining Reserves:

The initial CCCW Business Plan proposal includes a capitation rate that will allow for approximately 2% of surplus income to build its reserves. An annual cash flow statement projected for each of the four years is identified in Section 2.3.3.4.

Business Plan Summary

The Business Plan Summary below presents the figures for projected operations for years 2008-2011. The Summary begins with projected enrollment months, and Per Member Per Month revenue figures. Revenues are presented next, followed by expenses, broken out for Member Services, Care Management, and Administration. The last section is for non-operations activity, such as Investment Income and Bad Debts.

Detailed monthly plans already developed for CCCW are available upon request.

CCCW - MCO Business Plan Summary

	2008		2009		2010		2011	
Comprehensive Level								
Member Months	18,257		28,097		31,127		34,699	
Estimated PMPM Capitation	2,730		2,682		2,680		2,692	
Intermediate Level								
Member Months	873		1,222		1,420		1,770	
Estimated PMPM Capitation	691		691		691		691	
Estimated PMPM Cost Share	46		46		46		46	
Estimated PMPM Spenddown	25		25		25		25	
Estimated PMPM Rm & Bd	180		180		180		180	
Estimated PMPM Stop Loss Premium	5		5		5		5	
Revenues		PMPM		PMPM		PMPM		PMPM
Capitation/Comprehensive	49,818,242		75,352,547		83,416,765		93,406,041	
Capitation/Intermediate	603,549		844,830		981,717		1,223,690	
Total Capitation	50,421,791	2,635.74	76,197,377	2,598.91	84,398,482	2,593.13	94,629,731	2,594.80
Cost Share	839,822		1,292,462		1,431,842		1,596,154	
Room & Board	3,286,260		5,057,460		5,602,860		6,245,820	
Spenddown	456,425		702,425		778,175		867,475	
Other Third Party Payer								
Interest Income - Cash	60,000		60,000		60,000		60,000	
Stop Loss Income Recovery								
Sale of Supplies	319,000		360,000		408,000		480,000	
Other Revenues (Private Pay)	1,020		1,800		1,800		1,800	
Other Revenues (Guardianship/Rep Payee Fees)	26,530		26,530		26,530		26,530	
TOTAL REVENUES	55,410,848	2,896.54	83,698,054	2,854.74	92,707,689	2,848.43	103,907,510	2,849.20
Expenses		PMPM		PMPM		PMPM		PMPM
Operating Expenses								
Direct Member Services Expenses								
Member Supplies (Cost of Good Sold)	236,000		264,000		288,000		324,000	
SERVICES TO MEMBERS								
Medical	3,245,454	169.65	3,849,319	131.29	4,480,967	137.68	5,238,112	143.63
Non-Medical Expenses	17,537,341	916.75	28,474,844	971.21	31,767,333	976.04	35,949,045	985.74
Housing and Residential Services	22,749,833	1,189.22	35,515,495	1,211.35	38,959,522	1,197.02	43,590,609	1,195.28
Total Member Service Expenses	43,768,628	2,287.96	68,103,658	2,322.85	75,495,822	2,319.59	85,101,766	2,333.54
Care Management Expense								
Care Management (CMU's/External)	908,166		288,318		0			
Care Management (Internal)	6,647,125		10,056,016		11,715,856		13,002,104	
Total Care Management Expenses	7,555,291	394.94	10,344,334	352.82	11,715,856	359.97	13,002,104	356.52
Administrative Expenses	3,258,399	170.33	3,917,799	133.63	3,992,088	122.66	4,091,743	112.20
Total Operating Expenses	54,582,318	2,853.23	82,365,791	2,809.30	91,203,766	2,802.22	102,195,613	2,802.26

	2008		2009		2010		2011	
<u>Other (Income) Expenses</u>								
Investment Income - Reserves	(180,000)		(187,000)		(180,000)		(180,000)	
(Gain) Loss in Investments (unrealized)								
Loss due to Uncollected Room & Board	4,000		4,000		5,400		5,400	
Loss due to Uncollected Cost Share	4,500		4,500		4,500		4,500	
Other Non-Operating								
Total Other (Income) Expenses	(171,500)	(8.96)	(178,500)	(6.09)	(170,100)	(5.23)	(170,100)	(4.66)
TOTAL EXPENSES	54,410,818	2,844.26	82,187,291	2,803.21	91,033,666	2,796.99	102,025,513	2,797.60
Net Income (Loss)	1,000,030	52.28	1,510,763	51.53	1,674,023	51.43	1,881,997	51.61

In summary, CCCW will begin operations in 2008 with a Risk Reserve totaling approximately \$4,964,000. This figure includes contributions from each partnering county as described in *Section 2.3.3.4, Solvency and Risk*. The proposed CCCW Business Plan identifies an additional \$2,510,793 after two years of operation, which will demonstrate financial stability by accumulating \$7,474,793 in its Risk Reserve account.

2.4 COORDINATION WITH OUTREACH AND ACCESS SERVICES (50 POINTS)

Section 2.4.1 AGING AND DISABILITY RESOURCE CENTERS

Evidence that the Aging and Disability Resource Centers in the counties within the proposed CCCW service area have been informed of the proposer's intent to respond to this RFP is included in MLTC-CCCW-Attachment 2.4.1.

This evidence includes a memo of notification sent to the respective ADRC Directors in the CCCW region, and a letter from those same Directors acknowledging receipt of the notification. These Directors include:

<u>Name</u>	<u>County Agency</u>	<u>Informed</u>	<u>Acknowledged by Receipt of Letter</u>
Debra Menacher	Central WI ADRC	June 5, 2007	June 12, 2007
Janet Zander	Portage County ADRC	June 5, 2007	June 21, 2007

Section 2.4.2 ELIGIBILITY AND ENROLLMENT

Evidence that the Income Maintenance Unit in the counties within the proposed Community Care of Central Wisconsin service area have been informed of the proposer's intent to respond to this RFP is included in MLTC-CCCW-Attachment 2.4.2.

This evidence includes a memo of notification sent to the respective directors of agencies in the CCCW region who are responsible for delivering income maintenance services, and a letter from those same directors acknowledging receipt of the notification. These directors include:

<u>Name</u>	<u>County Agency</u>	<u>Informed</u>	<u>Acknowledged by Receipt of Letter</u>
John Chrest	Wood County Department of Social Services	June 5, 2007	June 11, 2007
Kathleen Roetter	Wood County Unified Services	June 5, 2007	June 13, 2007
Tim Steller	Marathon County North Central Community Services Program	June 5, 2007	June 14, 2007
Vicki Tylka	Marathon County Department of Social Services	June 5, 2007	June 14, 2007

2.5 COORDINATION WITH RELATED PROGRAMS AND SERVICES (50 POINTS)

Section 2.5.1 EXISTING COMMUNITY-BASED SERVICE PROGRAMS

Evidence that the agencies in the counties within the proposed CCCW service area that currently deliver Community Options (COP) and Home and Community Based Waiver (HCBW) services have been informed of the proposer's intent to respond to this RFP is included in MLTC-CCCW-Attachment 2.5.1.

This evidence includes a memo of notification sent to the respective Directors of agencies in the CCCW region who are responsible for delivering COP and HCBW services, and a letter from those same Directors acknowledging receipt of the notification. These Directors include:

<u>Name</u>	<u>County Agency</u>	<u>Informed</u>	<u>Acknowledged by Receipt of Letter</u>
John Chrest	Wood County Department of Social Services	June 5, 2007	June 11, 2007
Kathleen Roetter	Wood County Unified Services	June 5, 2007	July 3, 2007
Tim Steller	Marathon County North Central Community Services Program	June 5, 2007	June 14, 2007
Vicki Tylka	Marathon County Department of Social Services	June 5, 2007	June 14, 2007
Ray Przybelski	Portage County Health and Human Services Department	June 5, 2007	June 13, 2007

Section 2.5.2 EXISTING MANAGED LONG-TERM CARE ORGANIZATIONS

Community Care of Central Wisconsin has conducted a detailed review of the State of Wisconsin “Wisconsin Medicaid Managed Care” website, and has determined that there are no existing managed long-term care organizations already operating in the proposed CCCW service area of Marathon, Portage, and Wood Counties.

Section 2.5.3 OTHER RELATED COUNTY-OPERATED PROGRAMS AND SERVICES

Evidence that county agencies within the proposed CCCW service area that deliver the following services:

- Adult Protective Services
- Public Health Services
- County Aging Units and agencies providing services to elders including congregate or home delivered meals or other nutrition services, senior companionship, transportation services, etc.
- Alcohol and other drug abuse services
- Mental health services
- Children's long-term care services
- Emergency food, shelter, and energy assistance services
- Services to children and families

have been informed of the proposer's intent to respond to this RFP is included in MLTC-CCCW-Attachment 2.5.3.a. and MLTC-CCCW-Attachment 2.5.3.b.

This evidence includes a memo of notification sent to the respective Directors of agencies in the CCCW region who are responsible for delivering the above bulleted human and social services and a letter from those same Directors acknowledging receipt of the notification. These Directors include:

<u>Name</u>	<u>County Agency</u>	<u>Informed</u>	<u>Acknowledged by Receipt of Letter</u>
John Chrest	Wood County Department of Social Services	June 5, 2007	June 11, 2007
Kathleen Roetter	Wood County Unified Services	June 5, 2007	July 3, 2007
Tim Steller	Marathon County North Central Community Services Program	June 5, 2007	June 14, 2007
Vicki Tylka	Marathon County Department of Social Services	June 5, 2007	June 14, 2007
Ray Przybelski	Portage County Health and Human Services Department	June 5, 2007	June 13, 2007
Susan Kunferman	Director/Health Officer, Wood County	June 5, 2007	June 11, 2007
Julie Willems Van Dijk	Marathon County Health Officer	June 5, 2007	June 20, 2007
Faye Tetzloff	Health Officer, Portage County	June 5, 2007	June 12, 2007

Section 2.5.4 OTHER RELATED REGIONAL PROGRAMS AND SERVICES

Evidence that regional agencies who provide other related services within the proposed CCCW service area, including:

- Northern Area Agency on Aging
- Midstate Independent Living Center
- Hospitals, clinics, and other regional health care providers as identified by CCCW

have been informed of the proposer's intent to respond to this RFP is included in MLTC-CCCW-Attachment 2.5.4.a, MTLC-CCCW-Attachment 2.5.4.b, and MTLC-CCCW-Attachment 2.5.4.c.

This evidence includes a memo of notification sent to:

<u>Name</u>	<u>Agency</u>	<u>Acknowledged by Receipt of Letter</u>
Richard Sicchio	Northern Area Agency on Aging	June 12, 2007
Jennifer Fasula	Midstate Independent Living Center	June 28, 2007

On June 5, 2007, this memo of notification was also sent to over 150 hospitals, clinics, and other regional health care providers identified by CCCW as providing service in the tri-county region of Marathon, Portage, and Wood Counties.

2.6 STAKEHOLDER INVOLVEMENT (100 POINTS)

Section 2.6.1 EFFORTS TO INVOLVE STAKEHOLDERS IN PROPOSAL DEVELOPMENT

Community Care of Central Wisconsin has taken a multifaceted approach to involving stakeholders in the development of this proposal. Although initial planning activities heavily involved the formation of the Intergovernmental Agreement for CCCW, stakeholder interest in the transition process has remained a priority. CCCW planning partners have ensured stakeholder membership on all committees and workgroups and have provided information, answered questions, and solicited feedback in a variety of public forums.

The following matrix provides an overview of CCCW's efforts to involve stakeholders through committee/workgroup membership/activities and CCCW attendance at public forums – input sessions critical to preparing this proposal.

CCCW Stakeholder Involvement Matrix

	Consumers	Advocates	Service Providers	Aging & Disability Resource Centers	Other Health & Social Service Agencies
CCCW Transition Planning Committee <i>Worked in collaboration to draft and gain county approval of an Intercounty Agreement for CCCW under the authority found in s.66.0301.</i>	All meetings were publicly noticed with Public Comment a standing agenda item.	All meetings were publicly noticed with Public Comment a standing agenda item.	All meetings were publicly noticed with Public Comment a standing agenda item.	Updated ADRC Directors and Local Long-Term Care Council at regularly scheduled meetings, January 2006 to present.	Social Service Directors from Marathon and Wood Counties, Community Care of Portage County, Unified Services, and North Central Health Care participated on Transition Planning Committee.
CCCW Access Workgroup <i>Produced detailed plans for assisting individuals to access the Family Care benefit in CCCW's proposed service area.</i>				Membership included supervisory ADRC staff.	Supervisory staff from long-term and economic support units in Marathon, Portage, and Wood Counties, Community Care of Portage County, Unified Services, and North Central Health Care participated on committee.

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	Consumers	Advocates	Service Providers	Aging & Disability Resource Centers	Other Health & Social Service Agencies
CCCW Education Workgroup <i>This group continues to develop and recommend strategies for introducing family care to current long-term care consumers, individuals on waiting lists, providers, staff, and other key stakeholders, seeking opportunity for stakeholder partnership. Providers and consumers have actively been recruited for group membership.</i>	<p>Used strategic planning with UW-Extension agent, Mark Hilliker, to develop a Citizen Participation Profile; used profile to identify key stakeholders and develop an action plan for consumer participation.</p> <p>Created a listserv of Family Care Consumer Corps participants in Central WI; use listserv to notice public meetings (ongoing today) and to invite input for CCCW.</p> <p>Developed and continued to maintain CCCW website with stakeholder involvement feedback form.</p> <p>Conducted a survey of current long-term care consumers in non-Family Care counties (Marathon and Wood); shared results with CCCW Governing Board.</p> <p>Capitalized on Family Care consumer survey data currently available to gather input on consumer needs.</p>	<p>Used strategic planning with UW-Extension; included advocates in the Citizen Participation Profile.</p> <p>Created a listserv of Family Care Consumer Corps participants in Central WI; use listserv to notice public meetings (ongoing today).</p> <p>Developed and continued to maintain CCCW website with stakeholder involvement feedback form.</p>	<p>Used strategic planning with UW-Extension; included service providers in Citizen Participation Profile.</p> <p>Providers participate on workgroup.</p> <p>Sponsored Family Care education forum for long-term care providers in Central WI, September 27 and 28, 2006.</p> <p>Distribute quarterly expansion update newsletters to providers in Marathon, Portage, and Wood Counties.</p> <p>Developed and continue to maintain CCCW website with stakeholder involvement and feedback form.</p>	<p>Used strategic planning with UW-Extension; included ADRC staff in Citizen Participation Profile.</p> <p>Central WI ADRC participates on workgroup.</p> <p>Portage County ADRC Assistant Director provides ongoing consultation.</p>	<p>Used strategic planning with UW-Extension; included other health and social service agencies in the Citizen Participation Profile.</p> <p>Marathon, Portage, and Wood County long-term care staff/supervisors participate on workgroup.</p> <p>Sponsored a Family Care education day for Wood and Marathon long-term care staff July 27, 2006.</p> <p>Distribute a monthly staff update memo in Marathon, Portage, and Wood Counties to encourage dialogue and feedback for CCCW (ongoing today).</p> <p>Developed and continue to maintain CCCW website; solicit feedback from staff in all three counties (ongoing today).</p>

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	Consumers	Advocates	Service Providers	Aging & Disability Resource Centers	Other Health & Social Service Agencies
Public Forums <i>CCCW representatives Jim Canales, Kate Norby, and Board Chair Ken Day have been present at a range of forums, offering information about CCCW and Family Care expansion in Central Wisconsin, answering questions, and soliciting input from a variety of stakeholder groups.</i>	<p>Marathon County ADRC User focus group, January 3, 2006.</p> <p>ADRC and Consumer Focus Group, May 21, 2006.</p> <p>State Local Long-Term Care Council, May 12, 2006.</p> <p>ADRC Board with Focus Group of Physically Disabled, August 25, 2006.</p> <p>Council on Developmental Disabilities, September 21, 2006.</p> <p>ADRC Of Central Wisconsin with Special Needs Focus Group, Spencer, October 12, 2006.</p> <p>Portage County Long-Term Care Council, December 21, 2006.</p> <p>Parents' Information and Education Resources, Wisconsin Rapids, January 29, 2007; Marshfield, February 12, 2007.</p>	<p>State Local Long-Term Care Council, May 12, 2006.</p> <p>Wood County Commission on Aging and regional ADRC, July 11, 2006.</p> <p>Council on Developmental Disabilities, September 21, 2006.</p> <p>Developmental Disabilities Managers Annual meeting, September 22, 2006.</p> <p>Disability Rights Executive Board, December 2, 2006.</p> <p>Portage County Long-Term Care Council, December 21, 2006.</p> <p>Northern Area Agency on Aging Board of Directors, December 27, 2006.</p> <p>Central Wisconsin Family Care Consumer Corps training, February 1, 2007.</p> <p>Wausau Rotary, May 7, 2007.</p>	<p>Marathon County Providers, September 27, 2006.</p> <p>Wood County Providers, September 28, 2006.</p> <p>Regional Department of Vocational Rehabilitation Administrator, March 20, 2007.</p>	<p>Marathon County ADRC User focus group, January 3, 2006.</p> <p>State Local Long-Term Care Council, May 12, 2006.</p> <p>Central Wisconsin ADRC and Customer Focus Group, May 21, 2006.</p> <p>Wood County Commission on Aging and regional ADRC, July 11, 2006.</p> <p>ADRC Board with Focus Group of Physically Disabled, August 25, 2006.</p> <p>ADRC of Central Wisconsin with Special Needs Focus Group, Spencer, October 12, 2006.</p> <p>Portage County Long-Term Care Council meetings from January 2006 to present.</p>	<p>Marathon County DSS staff meeting regarding client needs, January 25, 2006.</p> <p>United Way of Marathon County, April 18, 2006.</p> <p>State Local Long-Term Care Council, May 12, 2006.</p> <p>Wisconsin County Human Service Association, May 18, 2006 and May 10, 2007.</p> <p>Marathon County Social Services Board, August 17, 2006.</p> <p>Marathon County Board, July 20, 2006; Wood County Board, February 20, 2007.</p> <p>North Central Health Care Board, Stratford, Hatley, September 25, 2006, Wausau, September 28, 2006.</p> <p>Wisconsin County Boards Association, September 20, 2006.</p> <p>State Bureau of Long-Term Support Conference, October 9, 2006.</p> <p>Burnette County Administration, December 4, 2006.</p> <p>Portage County Long-Term Care Council, December 21, 2006.</p> <p>Northern Area Agency on Aging Board of Directors, December 27, 2006.</p>

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	Consumers	Advocates	Service Providers	Aging & Disability Resource Centers	Other Health & Social Service Agencies
Public Forums <i>Continued</i>	<p>Wisconsin Family Care Consumer Corps training, Central February 1, 2007.</p> <p>Wausau Rotary, May 7, 2007.</p> <p>Marathon County United Way Family Life Committee, May 29, 2007.</p> <p>Community Group, Mosinee Methodist Church, June 5, 2007.</p>	<p>Marathon County United Way Family Life Committee, May 29, 2007.</p> <p>Community Group, Mosinee Methodist Church, June 5, 2007.</p>			<p>Northern Area Agency on Aging Board of Directors, December 27, 2006.</p> <p>Northeast Wisconsin Long-Term Care Consortium, January 18, 2007.</p> <p>Regional DVR Administrator, March 20, 2007.</p> <p>Marathon County United Way Family Life Committee, May 29, 2007.</p>

Section 2.6.2 PLANS FOR FUTURE EFFORTS TO INVOLVE STAKEHOLDERS

CCCW will continue to draw from the Citizen Participation Profile developed in partnership with the UW-Extension and the Education Workgroup to inform and involve stakeholders through the implementation of CCCW. The Education Workgroup will utilize the following method to solicit input from stakeholders:

- *Public Awareness:* direct mail, news releases, mass media, display, and exhibits.
- *Public Education:* public meetings, newsletters, website.
- *Public Input:* open houses, surveys, focus groups.
- *Public Interaction:* stakeholder membership on workgroups and committees.
- *Public Partnership:* consumer satisfaction/quality surveys and stakeholder decision-making authority within Governing Board, workgroups, and committees.

CCCW Governing Board, Committees, and Workgroups will actively recruit membership from consumers, advocates, service providers, Aging and Disability Resource Centers, and other county human/social service agencies. Committee-based stakeholder partnership opportunities include:

- **CCCW Governing Board:** *Will continue to include 33% consumer representation, consisting of older persons and persons with physical or developmental disabilities or their family members, guardians, or other advocates.*
- **CCCW Quality Oversight Committee:** *Will work with CCCW management to develop annual quality work plans and address quality matters throughout the organization. Membership will include consumers, guardians, or other advocates.*
- **CCCW Member Rights Committee:** *Will be responsible for developing member tools such as the member handbook and will refine the grievance and appeals process for the region. Membership will include consumers, guardians, or other advocates.*
- **CCCW Self-Directed Supports Committee:** *Will work to develop and enhance the self-directed supports option for Family Care consumers in the region. Membership will include consumers, guardians, or other advocates.*
- **CCCW Provider Advisory Council:** *Will work with CCCW provider management to enhance ever-present policies and protocols as they relate to rates, reimbursement, and partnerships. Membership will include providers.*
- **CCCW Human Service Administration Advisory Committee:** *Will provide feedback to CCCW management and Governing Board. Membership will include human service directors from all partnering social service agencies.*